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REAUTHORIZATION OF THE OLDER AMERICANS ACT

HEARINGS

BEFORE THE

SUBCOMMITTEE ON AGING

OF THE

COMMITTEE ON
LABOR AND HUMAN RESOURCES
UNITED STATES SENATE

NINETY-NINTH CONGRESS

SECOND SESSION

ON

EXAMINING THE FUTURE OF PROGRAMS WHICH SERVE THE ELDERLY UNDER THE OLDER AMERICANS ACT

JUNE 21, 1986, ST. PETERSBURG, FL
AUGUST 12, 1986, WASHINGTON, DC

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REAUTHORIZATION OF THE OLDER AMERICANS ACT

SATURDAY, JUNE 21, 1986

U.S. SENATE,
SUBCOMMITTEE ON AGING,
COMMITTEE ON LABOR AND HUMAN RESOURCES,
St. Petersburg, FL.

The hearing convened, pursuant to notice, at 11:18 a.m., in the Grand Ballroom, Don CeSar Hotel, St. Petersburg, FL, Senator Paula Hawkins, presiding.

Present: Senator Hawkins.

OPENING STATEMENT OF SENATOR HAWKINS

Senator HAWKINS. Good morning.

[Chorus of good morning.]

Senator HAWKINS. I'd like to welcome you to this morning's hearing. The other members of the Senate Committee on Aging regret they cannot be here today. This is the first in a series of hearings on the Reauthorization of the Older Americans Act.

In particular, I'd like to express my deep appreciation to the National Association on Nutrition and Aging Services Program and the Don CeSar Hotel for hosting this hearing. We hope you are enjoying the beautiful accommodations here and we, as Floridians, welcome all of you here with very warm wishes.

We meet here today to discuss the future of a life-line. As a former public service commissioner I talk alot about life-line services. This is a vital link; an invaluable service that can mean the difference between living and merely surviving for millions of Americans. It's good to be able to hold this hearing in Pinellas County.

Pinellas County boasts the largest concentration of elderly in America and this county benefits from the knowledge, experience and skills of men and women who live here. We have residents here who lived through the depression. We have residents here who have seen many World Wars.

We have residents here whose arms have held children, grandchildren and great-grandchildren. The citizens of Pinellas County are and will continue to be leaders. As we see and read and hear a lot about the graying of America we turn more and more to Pinellas County for answers.

Many of the varying public and private programs which exist because of the Older Americans Act were conceived, tried and tested right here in Pinellas County. So it is indeed appropriate that this first reauthorization hearing be held in Pinellas County.

This morning's testimony will become part of the permanent Senate record and all information received today will be used to determine the priorities for next year's reauthorization legislation and indeed the future of programs which serve the elderly.

See, I'm a little handicapped myself. The Older Americans Act provides a variety of essential services specifically designed to meet the social service needs of close to 9 million older Americans. These services range from subsidized part-time employment for low-income persons who work in community service activities to training, research and demonstration projects in the field of aging.

Perhaps the most visible component of the act is contained in title III. This portion of the bill provides for nutrition services; the food on which we all thrive. These services represent almost half of the act's total funding for fiscal year 1986. Through the nutrition components of the Older Americans Act, American senior citizens are being served through both congregate meal sites and home-delivered meal services.

But as the demand increases for these services, indications are that few Federal dollars will be available to fund these essential programs. We have worked long and hard for 6 years to get inflation under control but these services remain expensive.

Today it costs $1.46 to buy what you could get for $1 in 1980. So we have to search for answers. We must find alternatives. I commend the National Association of Nutrition and Aging Services' programs for their forward-looking proposal. They support the further use of commodities and surplus food in nutritional programs which serve the elderly.

I am a member of the Agriculture Committee and also the Nutrition Subcommittee. In the past we have missed the golden opportunity to solve two problems at one time. Domestically produced farm surplus has been underutilized.

We have food rotting in warehouses, serving no one. And both the elderly and the farmers are suffering. The Department of Agriculture needs to launch a comprehensive campaign to put an end to the misconception of food surplus consisting of tomato paste and stringy chicken.

[Laughter and applause.]

Senator HAWKINS. Food processing must be expanded from serving only the school lunch program to include our elderly citizens also.

And service providers need to realize that commodities can work for them. In light of the increasing need and decreasing resources, all of this can be part of a positive solution and I thank all of you for your help. Before we begin this morning, I'd like to briefly followup on a hearing I held here in St. Petersburg in December.

I'd like to bring you up to date on someone who testified at that hearing. As many of you remember, the subject of that hearing was crimes against the elderly. That morning we heard from a woman named Anne. She told us a terrifying story of abuse and neglect.

Her brother had brutalized her mentally and physically and he also stole her life-savings; a tragic story. Anne passed away recently but before she died she told a friend that she was now able to go in peace. She said she told her story to my subcommittee and in doing so she knew she'd reached out and helped others in like cases. She had warned others and she was now content that she'd done what she could do to protect others.

Now, I always talk before hearings about the importance of the testimony that we are about to hear. But this is a beautiful illustration of the role we can sometimes play. For me and my colleagues to make the right choices we need to be informed.

And who better to do this than those of you who are on the front lines, who are down on the streets talking, day-to-day with people who are being served. You know best. You have the answers. There are very few answers in Washington.

This morning we will receive testimony from the Commissioner of the Administration on Aging. We will hear from those who know these issues from the field, both as recipients and as service providers and we thank all of you for being with us this morning and I look forward to hearing your testimony.

This morning it gives me a great deal of pleasure to introduce to you Carol Fraser Fisk who just got off an airplane in Tampa and rushed over here to be with us. She currently serves as U.S. Commissioner in the Administration on Aging and in that capacity Carol has the responsibility for overseeing all of the programs under the authority of the Older Americans Act.

Carol's shop serves as a national ear for the concerns of the elderly. Carol, we all look forward to hearing your testimony and I know that many of my fellow Floridians and members of the association will want to greet you at the conclusion of the hearing.

STATEMENT OF CAROL FRASER FISK, COMMISSIONER, ADMINISTRATION ON AGING, DEPARTMENT OF HEALTH AND HUMAN SERVICES, WASHINGTON, DC

Ms. Fisk. Thank you, Senator. Good morning, Good morning to all present.

I am pleased to have this opportunity to be with you and to discuss some of my thoughts about the Older Americans Act. Unfortunately, as you know, I am unable to discuss specifics regarding the reauthorization proposals on the Older Americans Act since material is currently within the Department and OMB clearance and review process.

However, I want to assure you and all here today of my personal commitment and that of this administration to a strong, viable, and responsive Older Americans Act today and in the future.

I believe that the Older Americans Act passed by the Congress 21 years ago just this July is one of the most important pieces of legislation for older people in this Nation. The Older Americans Act has been enormously successful in serving this Nation's rapidly growing older population.

I, myself, am proud to have served in the aging network since 1972 and to have seen exactly what you described so beautifully this morning, that it is a life line for many older people.

In 1965 appropriations for Older Americans Act programs were only $7.5 million. Today Older Americans Act appropriations total almost $700 million. Various amendments to the act have put into place a network of 57 State and territorial agencies, some 600-odd area agencies on aging and more than 26,000 important local service providers who reach across this Nation to help older people.

As you are all aware, AOA annually awards grants to states to foster the development of a comprehensive and coordinated services system to serve older people. This is one of the most important assignments we have under the Older Americans Act.

Since the beginning in 1972, the nutrition program for the elderly has indeed been a favorite Older Americans Act program among the elderly, and one in which they actively participate as consumers, workers, volunteers and advisors. This is in keeping with the fundamental philosophy of the program, that older people participate in this program and should take an active role in the operation and oversight of them.

I am convinced that the nutrition program is meeting a large number of important social, nutritional and health related needs of older Americans. It is through the good work of the National Association of Nutrition and Aging Service programs and local service providers all over this Nation that we have reached out to older people, particularly those who have special needs because of their economic or social stature.

And it is to these programs, these people that our programs must always reach out to bring help. This mandate is, and has been emphasized in our commitment to target resources to those older persons in the greatest economic and social need, to those individuals in greatest danger of losing their independence.

I am convinced too of the importance of the other services provided under the Older Americans Act and I wish to speak about them later in my testimony. The Older Americans Act requires that we assure preference be given to providing services to older individuals with the greatest economic and social need.

We are, however, required to avoid the use of a means test for eligibility for services. Through outreach and locating services in neighborhoods where needy people live and through our commitment to target services to the most vulnerable and those in danger of losing their independence, the program has come to serve primarily the people that Congress intended.

Our preliminary national data for fiscal year 1985 indicated that 56 percent of the people served in the congregate nutrition program are low income. The home-delivered meals component of the nutrition program is even more oriented toward the needy, with 63 percent of home-delivered meals going to low-income persons.

Working with States and local communities, the Administration on Aging has embarked on a number of efforts to help enhance the nutrition program. Our program and financial initiatives have included a number of activities which I wish to review for you this morning. We have been active in a number of areas.

Through the program income initiative, for example, together we have been able to increase contributions steadily since the initiative began and thereby serve more older people and provide additional meals to those who need it.

Our program performance-based contracting initiative has proved successful in many localities and many network providers have implemented it as a means to get more for scarce dollars and to serve more of the at-risk population. The nutrition productivity initiative has also been helpful in examining and enhancing the return on Federal investment in the meals program.

We are looking at such approaches as, effective use of volunteers in lowering labor costs, improved food service management, partnership with the private sector, and use of untapped resources. We are also exploring our use of modern technology. We have a number of grants in this area which are described in my testimony in greater detail.

We continue to work with others to strengthen the program. We are working just this week more intensively with the U.S. Department of Agriculture to clarify reimbursement levels and to press for further use of commodities. We are working within the budget process to address overall funding of nutrition as well as all Older Americans Act programs.

The President's budget for fiscal year 1987 restores title III programs to the pre-Gramm-Rudman-Hollings levels. And we continue to work with States on several fronts, to increase contributions, to make improvements in meal productivity, to look at new ways to get more for the dollar to assure that older people are truly reached by this important program.

In addition to the title III-C nutrition services I know that you and all of us in this room are proud of the contributions that have been made under III-B, the social services and support component of the Older Americans Act which links so effectively to nutrition services.

As with the nutrition program, area agencies are responsible for the administration of funds for supportive services. Most supportive services fall into three categories, access services, in-home services, and community services. There are currently an estimated nine million older people who are reached by these services each year.

During the remainder of fiscal year 1986 and into the next several years we, in the Administration on Aging, will renew and make our efforts much more aggressive to assist vulnerable and frail older people and their families in finding appropriate help to maintain their independence within communities for as long as possible and to delay or prevent their unnecessary institutionalization.

This includes not only work within nutrition services but in the broad range of supportive services which these older people require. We believe that this combined effort can best be achieved through our working together, through building local systems in the communities which are highly visible, easily accessible to older people and responsive to their needs, particularly to the needs of the most vulnerable.

We believe that community systems must be tailored to meet the special needs and special circumstances of individual communities. And, as you yourself said earlier, those decisions are best made by the local communities, not by those of us in the Administration on Aging in Washington.

These systems in the community, to be successful, must bring together the range of public, private, voluntary, religious organizations to work together as dedicated individuals. Over the next year our programmatic and discretionary activities will focus on the following: improving the visibility of local programs so that every old person and their family or friends will know where to turn, where to find the area agency in a local community and how to link to the essential services that local providers provide.

We will be focusing and putting more effort on building a stronger continuum of services and of linking services more effectively so that collaboration truly does take place on behalf of older people. We will continue our efforts to target and to provide special help to the most vulnerable.

We will continue to focus on improving accessibility to services for family members, particularly those who are caring for older people. We believe that also, working together, we can improve the responsiveness of systems for older people.

Millions of Americans have been helped by the Older Americans Act, by the nutrition services, by the community services, by the supportive services. These services have helped to make their lives easier and helped to maintain their independence. Much has been done but I need not tell any of you in this room that there is much more to be done.

There are ways we can extend and strengthen the system of services for older people in America. We, in the Administration on Aging, and all of those of us who work in the field of aging, are striving to just do that every day, with the help of dedicated Congressional leaders like you, Senator Hawkins, we work to strengthen a responsive system of family and community-based services that are desperately needed by our growing older population.

I want to thank you again, Senator, for the opportunity to share some of our accomplishments under the Older Americans Act, to thank you for your past and continued support of programs for our Nation's elderly and their families. The older citizens of Florida can be especially proud of your longstanding interest in and dedication to the programs which benefit the elderly.

As I mentioned earlier, this administration is equally committed to improving the quality of life for all this Nation's older citizens. I appreciate this opportunity to share this information with you and look forward to continuing to work with you and all our colleagues here in this room on behalf of the Nation's elderly.

Thank you.

[The prepared statement of Ms. Fisk follows:]

STATEMENT BY

CAROL FRASER FISK

ACTING COMMISSIONER ON AGING

BEFORE THE

SUBCOMMITTEE ON AGING

COMMITTEE ON LABOR AND HUMAN RESOURCES

UNITED STATES SENATE

JUNE 21, 1986

ST. PETERSBURG, FLORIDA

GOOD MORNING, SENATOR HAWKINS. I AM PLEASED TO HAVE THE OPPORTUNITY TO DISCUSS WITH YOU TODAY THE OLDER AMERICANS ACT. AS YOU KNOW I AM UNABLE TO DISCUSS SPECIFICS REGARDING THE REAUTHORIZATION PROPOSALS ON THE OLDER AMERICANS ACT, SINCE MATERIAL IS CURRENTLY WITHIN THE DEPARTMENTAL AND OMB CLEARANCE AND REVIEW PROCESS. HOWEVER, I CAN ASSURE YOU OF BOTH MY PERSONAL COMMITMENT AND THAT OF THIS ADMINISTRATION TO A STRONG, VIABLE, AND RESPONSIVE OLDER AMERICANS ACT.

I BELIEVE THAT THE OLDER AMERICANS ACT PASSED BY THE CONGRESS 21 YEARS AGO THIS JULY IS ONE OF THE MOST IMPORTANT PIECES OF LEGISLATION FOR OLDER PEOPLE. THE OLDER AMERICANS ACT HAS BEEN ENORMOUSLY SUCCESSFUL IN SERVING THIS NATION'S RAPIDLY GROWING OLDER POPULATION.

I AM PROUD TO HAVE SERVED IN PROGRAMS UNDER THE OLDER AMERICANS ACT SINCE 1972. IN 1965 THE APPROPRIATION LEVEL WAS ONLY $7.5 MILLION. TODAY, THE OLDER AMERICANS ACT APPROPRIATIONS TOTAL ALMOST $700 MILLION. VARIOUS AMENDMENTS TO THE ACT HAVE PUT IN PLACE A NETWORK OF 57 STATE AND TERRITORIAL AGENCIES, 662 AREA AGENCIES ON AGING, AND MORE THAN 26,000 SERVICE PROVIDERS NATIONALLY. IN 1972, AMENDMENTS ESTABLISHED A NEW TITLE VII, WHICH AUTHORIZED FUNDS FOR LOCAL COMMUNITY PROJECTS TO PROVIDE NUTRITION SERVICES TO THE ELDERLY.

AS YOU ARE AWARE, AOA ANNUALLY AWARDS GRANTS TO STATES TO FOSTER THE DEVELOPMENT OF COMPREHENSIVE AND COORDINATED SERVICES SYSTEMS TO SERVE OLDER AMERICANS IN ORDER TO ."... (1) SECURE AND MAINTAIN MAXIMUM INDEPENDENCE AND DIGNITY IN A HOME ENVIRONMENT FOR OLDER INDIVIDUALS CAPABLE OF SELF-CARE WITH APPROPRIATE SUPPORTIVE SERVICES; (2) REMOVE INDIVIDUAL AND SOCIAL BARRIERS TO ECONOMIC AND PERSONAL INDEPENDENCE FOR OLDER INDIVIDUALS; AND, (3) PROVIDE A CONTINUUM OF CARE FOR THE VULNERABLE ELDERLY."

SINCE IT WAS INSTITUTED IN 1972, THE NUTRITION PROGRAM FOR THE ELDERLY HAS BEEN A FAVORITE OLDER AMERICANS ACT PROGRAM AMONG THE ELDERLY, AND ONE IN WHICH THEY ACTIVELY PARTICIPATE AS CONSUMERS, WORKERS, VOLUNTEERS, AND ADVISORS. THIS IS IN KEEPING WITH THE FUNDAMENTAL PHILOSOPHY OF THE OLDER AMERICANS ACT -- OLDER PEOPLE WHO PARTICIPATE IN ITS PROGRAMS SHOULD TAKE AN ACTIVE ROLE IN THE OPERATION AND OVERSIGHT OF PROGRAMS THAT SERVE THEM.

I AM CONVINCED THAT THE NUTRITION PROGRAM IS MEETING A LARGE NUMBER OF IMPORTANT SOCIAL, NUTRITION, AND HEALTH-RELATED NEEDS OF OLDER AMERICANS. IN PARTICULAR, THERE ARE ELDERLY PERSONS WHO HAVE SPECIAL SOCIAL AND ECONOMIC NEEDS WHO BENEFIT SUBSTANTIALLY FROM OLDER AMERICANS ACT PROGRAMS. IT IS TO

THESE PEOPLE THAT OUR PROGRAMS MUST ALWAYS REACH OUT TO HELP. THIS MANDATE IS AND HAS BEEN EMPHASIZED IN OUR COMMITMENT TO TARGET RESOURCES TO THOSE OLDER PERSONS IN THE GREATEST SOCIAL AND ECONOMIC NEED AND TO THOSE MOST IN DANGER OF LOSING THEIR INDEPENDENCE.

I AM ALSO CONVINCED OF THE IMPORTANCE OF THE OTHER SERVICES PROVIDED UNDER THE OLDER AMERICANS ACT, WHICH I SHALL ADDRESS LATER IN THIS TESTIMONY.

THE OLDER AMERICANS ACT REQUIRES THAT WE ASSURE THAT PREFERENCE BE GIVEN TO PROVIDING SERVICES TO OLDER INDIVIDUALS WITH THE GREATEST SOCIAL AND ECONOMIC NEED. HOWEVER, WE ARE ALSO REQUIRED TO AVOID THE USE OF A MEANS TEST FOR ELIGIBILITY FOR SERVICES. THROUGH OUTREACH AND LOCATING THE SERVICES IN NEIGHBORHOODS WHERE NEEDY PEOPLE LIVE AND THROUGH OUR COMMITMENT TO TARGET SERVICES TO THOSE MOST VULNERABLE AND IN DANGER OF LOSING THEIR INDEPENDENCE, THE PROGRAM HAS COME TO SERVE PRIMARILY THE PEOPLE THAT CONGRESS INTENDED.

OUR PRELIMINARY NATIONAL DATA FOR FISCAL YEAR 1985 INDICATE THAT 56% OF THE PEOPLE SERVED IN THE CONGREGATE NUTRITION PROGRAM ARE LOW INCOME. THE HOME-DELIVERED MEALS COMPONENT OF

THE NUTRITION PROGRAM IS EVEN MORE ORIENTED TOWARD THE NEEDY, WITH 63% OF THE HOME-DELIVERED MEALS GOING TO LOW-INCOME PERSONS.

IT SHOULD BE POINTED OUT THAT MORE NUTRITION SERVICES ARE BEING TARGETED TO HOME BOUND ELDERLY EACH YEAR. ANALYSIS OF THE TITLE III EXPENDITURE DATA SHOWS THAT MOST STATES ARE TRANSFERRING FUNDS OUT OF THEIR TITLE III-C1 ALLOTMENTS FOR CONGREGATE MEALS AND INTO THEIR III-C2 ALLOTMENTS FOR HOME-DELIVERED MEALS. THIS MEANS THAT MORE DOLLARS ARE BEING SPENT EACH YEAR FOR THIS HOME BOUND GROUP, WHO NOT ONLY ARE APT TO BE DISABLED, BUT ALSO MORE LIKELY TO BE OLDER AND SOCIALLY ISOLATED. THE NUTRITION PROGRAM MAY MAKE THE DIFFERENCE IN THEIR BEING ABLE TO REMAIN IN THEIR OWN HOMES.

WORKING WITH STATES AND LOCAL COMMUNITIES, WE HAVE DONE A GREAT DEAL TO IMPROVE THE NUTRITION PROGRAM FOR OLDER PERSONS. OUR PROGRAMS AND FINANCIAL INITIATIVES INCLUDE ACTIVITIES IN A NUMBER OF AREAS TO ASSIST THE AGING NETWORK IN ITS EFFORTS TO IMPROVE THE CONGREGATE AND HOME-DELIVERED MEALS PROGRAM.

- THE PROGRAM INCOME INITIATIVE, FOR EXAMPLE, HAS INCREASED CONTRIBUTIONS STEADILY SINCE THE INITIATIVE BEGAN: FROM $69 MILLION IN FY 1981 TO $121 MILLION IN FY 1985. THIS MONEY IS USED TO PROVIDE MORE MEALS AND

THUS HELPS TO SERVE MORE OLDER PERSONS OR TO PROVIDE ADDITIONAL MEALS TO THOSE WHO NEED THEM.

- OUR PERFORMANCE-BASED CONTRACTING INITIATIVE IS BEING CONSIDERED AND IMPLEMENTED BY MANY NETWORK PROVIDERS AS A MEANS TO "GET MORE FOR SCARCE DOLLARS" AND TO SERVE MORE OF THE "AT RISK" POPULATION.

- THE NUTRITION PRODUCTIVITY INITIATIVE IS EXAMINING THE RETURN ON FEDERAL INVESTMENT IN THE MEALS PROGRAM. WE ARE LOOKING AT SUCH APPROACHES AS: EFFECTIVE USE OF VOLUNTEERS IN LOWERING LABOR COSTS; IMPROVED FOOD SERVICE MANAGEMENT; PARTNERSHIPS WITH THE PRIVATE SECTOR; AND, USE OF UNTAPPED RESOURCES TO AUGMENT FEDERAL FUNDS AND INCREASE THE NUMBER OF MEALS SERVED AND PEOPLE REACHED.

- WE ARE ALSO EXPLORING MORE USE OF MODERN TECHNOLOGY. IN FY 1985, WE AWARDED A GRANT UNDER TITLE IV TO PROMOTE EFFECTIVE FOOD TECHNOLOGY FOR PROVIDING HOME-DELIVERED MEALS. THIS PROJECT IS DEVELOPING AND DEMONSTRATING AUTOMOBILE-TRANSPORTABLE MEAL-HEATING EQUIPMENT THAT IS COMPATIBLE WITH PRESENT DELIVERY SYSTEMS OF THE MEALS-ON-WHEELS PROGRAM FOR THE HOME-BASED FRAIL ELDERLY.

WE CONTINUE TO WORK WITH OTHERS TO STRENGTHEN THE PROGRAM.

- WE ARE WORKING WITH USDA TO CLARIFY REIMBURSEMENT LEVELS. USDA ANTICIPATES THAT AMOUNTS AVAILABLE FOR REIMBURSEMENT FOR MEALS UNDER TITLE III WILL BE $131 MILLION IN FY 1986, AN INCREASE OVER THE $120 MILLION AVAILABLE IN FY 1985. THIS MEANS THAT USDA SHOULD BE ABLE TO MAINTAIN AT LEAST THE 1985 REIMBURSEMENT RATE OF 53¢ PER MEAL.

- WE ARE WORKING WITHIN THE BUDGET PROCESS TO ADDRESS OVERALL FUNDING OF OLDER AMERICANS ACT PROGRAMS. THE PRESIDENT'S BUDGET FOR FY 1987 RESTORES THE TITLE III PROGRAMS TO PRE GRAMM-RUDMAN-HOLLINGS LEVELS.

- WE ARE WORKING WITH STATES ON SEVERAL FRONTS. STATES CONTINUE TO REPORT AN INCREASE IN THE AMOUNT OF CONTRIBUTIONS MADE BY PARTICIPANTS IN MEAL PROGRAMS. IN FY 1985, A TOTAL OF $121 MILLION IN PARTICIPANT CONTRIBUTIONS WAS USED TO SUPPORT TITLE III MEALS. WE HAVE TARGETED A 5% INCREASE IN THE AMOUNT OF CONTRIBUTIONS FOR FY 1986, AND, GIVEN PAST EXPERIENCE IN THIS INITIATIVE, WE CAN REASONABLY EXPECT TO MAKE THIS GOAL.

- STATES ALSO CONTINUE TO MAKE IMPROVEMENTS IN MEAL PRODUCTIVITY THROUGH THE USE OF MORE EFFECTIVE MANAGEMENT TECHNIQUES SUCH AS BULK PURCHASING, PERFORMANCE-BASED CONTRACTING, AND JOINT CONTRACTING BY MULTIPLE SERVICE PROVIDERS. OUR PROJECTED IMPROVEMENT IN PRODUCTIVITY IS 6% WHICH, GIVEN THE IMPROVEMENTS MADE IN THE PAST, IS A CONSERVATIVE ESTIMATE.

THE ABILITY TO STRENGTHEN THE CAPACITY OF THE NUTRITION PROGRAM IN BOTH QUALITY AND QUANTITY OF MEALS SERVED IS FIRMLY ROOTED IN THE COMMITMENT OF ALL ENGAGED IN THE AGING NETWORK, AND MEMBERS OF THE VOLUNTARY AND PRIVATE SECTORS WHO PARTICIPATE IN THIS PROGRAM.

IN ADDITION TO TITLE III-C NUTRITION SERVICES, SENATOR HAWKINS, THE ADMINISTRATION ON AGING IS VERY PROUD OF THE CONTRIBUTIONS MADE TO IMPROVE THE QUALITY OF LIFE FOR OLDER AMERICANS UNDER TITLE III-B OF THE OLDER AMERICANS ACT. AS WITH THE NUTRITION PROGRAM, AREA AGENCIES ARE RESPONSIBLE FOR THE ADMINISTRATION OF FUNDS FOR SUPPORTIVE SERVICES, AND THEY ARRANGE WITH PUBLIC, NONPROFIT, AND/OR PROPRIETARY SERVICE PROVIDERS TO DELIVER THESE SERVICES.

MOST SUPPORTIVE SERVICES FALL INTO THREE BROAD CATEGORIES: ACCESS SERVICES (E.G., TRANSPORTATION AND OUTREACH); IN-HOME SERVICES (E.G., PERSONAL CARE, HOUSEKEEPING, AND VISITING); AND, COMMUNITY AND NEIGHBORHOOD SERVICES (E.G., LEGAL SERVICES, RESIDENTIAL REPAIR, AND ESCORT SERVICES). THE TITLE III-B PROGRAM IS CURRENTLY REACHING AN ESTIMATED NINE MILLION OR MORE CITIZENS EACH YEAR.

DURING THE REMAINDER OF FY 1986 AND INTO THE NEXT SEVERAL YEARS, THE ADMINISTRATION ON AGING IS EMBARKING UPON RENEWED AND MORE AGGRESSIVE EFFORTS TO ASSIST VULNERABLE AND FRAIL OLDER PERSONS AND THEIR FAMILIES IN FINDING APPROPRIATE HELP TO MAINTAIN THEIR INDEPENDENCE WITHIN THEIR OWN COMMUNITIES FOR AS LONG AS POSSIBLE AND TO DELAY OR PREVENT UNNECESSARY INSTITUTIONALIZATION. THIS INCLUDES NOT ONLY NUTRITION SERVICES, BUT THE BROAD RANGE OF SUPPORTIVE SERVICES WHICH THESE OLDER PERSONS MAY REQUIRE.

WE BELIEVE THAT THIS CAN BE ACHIEVED BEST THROUGH WORKING WITH STATE AND AREA AGENCIES TO BUILD LOCAL SYSTEMS WHICH ARE HIGHLY VISIBLE, EASILY ACCESSIBLE TO OLDER PERSONS, AND RESPONSIVE TO THE NEEDS OF OLDER AMERICANS, PARTICULARLY THE MOST VULNERABLE. COMMUNITY SYSTEMS MUST ALSO BE TAILORED TO MEET THE NEEDS AND SPECIAL CIRCUMSTANCES OF INDIVIDUAL COMMUNITIES.

THESE SYSTEMS, TO BE SUCCESSFUL, HAVE TO BE SUPPORTED BY A WIDE RANGE OF PUBLIC, PRIVATE, VOLUNTARY, AND RELIGIOUS ORGANIZATIONS AS WELL AS BY DEDICATED INDIVIDUALS.

WE WILL WORK TOWARD DEVELOPING AND REFINING SYSTEMS IN WHICH ALL OF THE PIECES SUPPORT THE WHOLE, WHERE ALL OF THE PLAYERS ARE AWARE OF AND SUPPORT EACH OTHER. THESE EFFORTS WILL FOCUS ON STRENGTHENING THE ROLES OF STATE AND AREA AGENCIES ON AGING AS CATALYSTS, INFORMATION AND REFERRAL CENTERS, AND AS BROKERS OF SERVICES. THE ADMINISTRATION ON AGING'S MAJOR PROGRAMMATIC AND DISCRETIONARY ACTIVITIES WILL INCLUDE THE FOLLOWING EMPHASES:

- IMPROVING THE VISIBILITY OF AREA AGENCIES ON AGING SO THAT EVERY OLDER PERSON AND THEIR FAMILIES OR FRIENDS WILL KNOW THERE ARE SERVICES AVAILABLE WITHIN THEIR OWN COMMUNITIES AND WHERE TO FIND THEM;

- PROVIDING A FULL CONTINUUM OF SERVICES FOR THE ELDERLY, INCLUDING INFORMATION SHARING, SENIOR CENTERS, AND SUPPORTIVE, IN-HOME, AND NUTRITION SERVICES. THIS CONTINUUM OF CARE MUST BE BUILT UPON STRONG PARTNERSHIPS BETWEEN THE PUBLIC, PRIVATE, VOLUNTARY, AND RELIGIOUS SECTORS;

- LINKING THESE SECTORS MORE EFFECTIVELY IN ORDER THAT BETTER COMMUNICATION, COLLABORATION, AND COOPERATION WILL OCCUR IN UNDERSTANDING AND MEETING THE NEEDS OF THE ELDERLY AND THEIR FAMILIES; A SUCCESSFUL SYSTEM IS BUILT UPON A COMMON UNDERSTANDING OF THE NEEDS OF THE ELDERLY, THEIR FAMILIES, AND CAREGIVERS, AND KNOWLEDGE OF AVAILABLE RESOURCES TO RESPOND TO THOSE NEEDS;

- TARGETING ASSISTANCE AND SPECIAL HELP TO THE MOST VULNERABLE OLDER PERSONS IN DANGER OF LOSING THEIR INDEPENDENCE; ALL OF US MUST DO WHAT IS FEASIBLE IN HELPING OLDER PERSONS TO REMAIN IN THEIR HOMES AND COMMUNITIES;

- IMPROVING ACCESSIBILITY TO SERVICES BY THE ELDERLY AND THEIR FAMILIES AND RESPONDING TO REQUESTS FOR ASSISTANCE BY OLDER PERSONS AND THEIR FAMILIES IN A MANNER APPROPRIATE TO THEIR CAPACITY TO DRAW UPON THEIR OWN RESOURCES; AND,

- IMPROVING OVERALL RESPONSIVENESS BY LOCAL SYSTEMS TO THE NEEDS OF EACH INDIVIDUAL WHO REQUIRES HELP, THAT IS, MAKING CERTAIN THAT ALL WHO REQUEST AND TRULY NEED

HELP WILL RECEIVE TIMELY AND APPROPRIATE ATTENTION FROM POINT OF CONTACT WITH THE AGING SERVICES SYSTEM THROUGH FOLLOW-UP.

MILLIONS OF AMERICANS ARE BEING PROVIDED WITH SERVICES UNDER THE OLDER AMERICANS ACT THAT MAKE THEIR LIVES EASIER AND HELP THEM TO MAINTAIN THEIR INDEPENDENCE. MUCH HAS BEEN DONE, BUT THERE IS MORE LEFT UNDONE. THERE ARE WAYS WE CAN EXTEND AND STRENGTHEN THE SYSTEM OF SERVICES FOR OLDER PERSONS IN AMERICA. WE AT THE ADMINISTRATION ON AGING, AND THOSE INDIVIDUALS AND ORGANIZATIONS THAT ARE A PART OF THE AGING NETWORK, ARE STRIVING TO DO JUST THAT EVERY DAY. WITH THE HELP OF DEDICATED CONGRESSIONAL LEADERS LIKE YOU, SENATOR HAWKINS, WE HOPE TO BE ABLE TO BUILD THE KIND OF RESPONSIVE SYSTEM OF FAMILY AND COMMUNITY BASED SERVICES THAT WE WILL NEED FOR OUR GROWING OLDER POPULATION.

I WANT TO THANK YOU, SENATOR HAWKINS, FOR THE OPPORTUNITY TO SHARE SOME OF THE IMPORTANT ACCOMPLISHMENTS OF THE OLDER AMERICANS ACT AND TO THANK YOU FOR YOUR PAST AND CONTINUED SUPPORT OF PROGRAMS FOR OUR NATION'S ELDERLY CITIZENS AND THEIR FAMILIES. THE OLDER CITIZENS OF FLORIDA CAN BE ESPECIALLY PROUD OF YOUR LONG-STANDING INTEREST IN AND DEDICATION TO PROGRAMS WHICH BENEFIT THE ELDERLY.

AS I MENTIONED EARLIER, THIS ADMINISTRATION ALSO IS DEEPLY COMMITTED TO IMPROVING THE QUALITY OF LIFE FOR ALL OF THIS NATION'S OLDER CITIZENS. I APPRECIATE THIS OPPORTUNITY TO SHARE INFORMATION WITH YOU ABOUT OUR PROGRAM OF NUTRITION AND SUPPORTIVE SERVICES TO THE ELDERLY IN AMERICA.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Office of
Human Development Services

Administration on Aging
Office of Assistant Secretary
Washington DC 20201

JUL 2 1986

Honorable Paula Hawkins
United States Senate
Washington, D.C. 20510

Dear Senator Hawkins:

Thank you for your letter regarding the Subcommittee on Aging's recent hearing in St. Petersburg. It was an honor and a pleasure to join you in Florida for the hearing. I appreciated the opportunity to share with you some of the success stories of programs funded under the Older Americans Act. As I said during my testimony, we have seen significant progress in helping older people and look forward to continuing our efforts.

I am enclosing several items related to your questions at the hearing:

1. Department Store/Shopping Center Senior Center. We have been successful in stimulating senior centers in these settings in several communities. Enclosed is the original "How to" handbook on the OASIS Center. I am also enclosing a recent Hecht's ad, which appeared in the Washington Post, publicizing Hecht's OASIS centers. The most recent center to open was in Prince Georges County, Maryland, jointly sponsored by the local county area agency on aging, the Hecht Department Store and a local HMO-Health Plus, Inc. No AoA funds are used in these centers now. We have demonstrated it will work and now hope for widespread replication of the concept under another title, under local auspices. We look forward to working with you if we can facilitate such activities in Florida.

2. Orientation and Training of Professionals About Aging. We are working to better educate a range of professionals to the special needs of older Americans. The National Association of State Units on Aging has worked with us in the development of materials for specific audiences. Three separate booklets have been prepared to orient physicians, hospital discharge planners, and nursing home administrators to the Older Americans Act network of services for the elderly. We expect the materials to be available for distribution by the end of July. Enclosed is a copy of the final report of the project.

3. Dissemination of Materials. As I mentioned, we are emphasizing dissemination of successful project ideas to all parts of the aging network. Enclosed are several recent Information Memoranda sent to States and Area Agencies.

4. Use of Commodities. USDA continues to encourage greater use of commodities. USDA has just announced new rules which make Bonus Foods available to States which receive 20% of their entitlement under Title III in commodities. Previously, States could only receive Bonus Foods if they received 50% of their Title III entitlement in commodities.

I welcome the opportunity to work closely with you in the coming months. I deeply appreciate your interest and assure you that we have a mutual commitment to ensuring that the Older Americans Act serves our nation's elderly to the greatest extent possible.

Sincerely,

Carol Fraser Fisk
Acting Commissioner on Aging

Enclosures

(Editor's Note: Due to printing limitations, and in the interest of economy, the enclosures accompanying this statement were retained in the files of the committee.)

Senator HAWKINS. Thank you, Carol. Thanks again for coming. [Applause.]

Senator HAWKINS. We're happy you took the time to come here and be with us today and know that you have a time frame to meet. The airlines are not always ready when you are. I guess you noted that.

Ms. FISK. Yes, ma'am.

Senator HAWKINS. You go whenever they get ready.

Ms. FISK. Yes, ma'am.

Senator HAWKINS. What private sector initiatives are the administration pursuing to generate greater involvement in some of the problems which we face with the Nation's population?

Ms. FISK. We're working on a number of fronts in collaboration with the private sector. One of the most important fronts we believe are the 26 grants that we awarded recently to selected States across the country in a competitive process to allow States to work with local communities in stimulating the private sector.

I believe that there are things we can do at the national level but I also believe that that front-line interaction is much more important. We have been active in a number of subject areas. Those grants that the individual States have are basically in the same areas where we have been working, in employment, in long-term care, in stimulating community responses.

I would cite just a couple for you this morning. We continue to be active in the area of employment and have developed, with the American Management Association, a slide tape presentation to be used by area agencies, State units, local service providers in an attempt to get businesses to think about employing older people.

We are working more closely these days with the National Association of Home Builders because we believe that reaching into the private construction market may help us with housing that is desperately needed for older people.

And we are continuing to be supportive emotionally, not with dollars, of an effort first funded by AOA under the May Co. to put senior centers in department stores and shopping centers which is beginning now to blossom across the country and take root in other stores, not just those supported under the May Co. In this region we expect to see the Paresean department stores opening some centers, senior centers, in their department stores shortly and we hope we'll see some of that in Florida also.

Those are just a few of the efforts we've been making.

Senator HAWKINS. Yes. I'd be happy to work with you in your efforts to generate interest in these initiations.

Ms. FISK. Thank you.

Senator HAWKINS. The data shows that the majority of the participants in the senior programs are over 70 years of age. What's being done to accommodate the special needs of this population considering not only the changing nutritional needs but also the changing ability to consume some foods that they have become used to?

Ms. FISK. You've pointed to a very important segment of our population and that's an area where I think we've done some things but we need to do more. And again, some of the most important things are those things that are being done by services providers, local communities, States and area agencies.

We have done some things in terms of disseminating new information about nutritional requirements as we age and I think we need to and can do more in that regard. We are also focusing efforts on some of those professionals who relate to the older population and who often see those over 70 people at a time of crisis.

We are working now with the National Association of State Units on Aging on targeting better training and better orientation to discharge planners in the hospitals who are specifically much more sensitive, I think, or aware of the crisis situation that an older person or family member may find themselves in when an older member is being discharged from the hospital.

We are working with them to try and make stronger linkages between the older person as they're being discharged from the hospital to the community services that are there.

Senator HAWKINS. That's very important.

Ms. FISK. Yes, ma'am.

Senator HAWKINS. You should give me an update on that.

Ms. FISK. I will.

We share that concern.

Senator HAWKINS. And do we need to—having been a firsthand witness of a hospital service for over a month I watched patients check in and check out, I had long conversations with them and with their families and it is a fact of life that we have to face. What are we doing once we discharge them to the home? We all know that we prefer the comforts of our home but not if we're alone. So that's my concern.

And I'd like to work with you on that. I know you have some good ideas. What role does the Administration play in ensuring that meals served at the local level are nutritious and balanced? Do you have any role in that?

Ms. FISK. We work with the States to assure that they are taking into account the requirements and guidelines. We have on our staff a nutritionist who work to disseminate that information. I think it's fair to say that most nutrition providers are probably much more sophisticated in that regard than we, as staff members of the Administration on Aging.

So we are there as a resource to assist. But I think the talent in this room far exceeds the talent that I have on my staff. We're there to help and provide new information when we have it. We do serve, participate actively, and disseminate materials from the department's nutritional task force which is cochaired by a number of officials in the Department of Health and Human Services and constantly evaluating the required daily allowances.

And we disseminate results from those kind of dialogs.

Senator HAWKINS. Do you receive information from a group such as we're meeting with today?

Ms. FISK. We have on a number of topics. I'm not particularly familiar with any detailed input that they have provided to us on the RDA's.

Senator HAWKINS. It seems to me that it's a major link and this is their speciality.

Ms. FISK. Absolutely.

Senator **Hawkins**. We learn a lot of things firsthand and we'd like to share it with the rest of the Nation. It seems that their close working relationship could be given to you and you could disseminate it to the other programs around the country. This worked here well.

We don't need to have 50 different pilot programs.

Ms. **Fisk**. We agree with you. In fact, we have strengthened our resolve to not only do a better job in disseminating what is learned in other projects through local funding but are working more diligently to try to disseminate some of the good things that the Administration on Aging itself has funded over the past number of years.

Senator **Hawkins**. Sure. I found out the National Institute of Drug Abuse gave out all kinds of grants and some really worked and others really didn't work at all but the ones that really worked were not available for some communities and you didn't know if you were or were not part of that grant process.

And it's an information society. Push a button now and you get so much more than you ever wanted to know. It just seems to me that we have a lot of tools to distribute information and so many places to write for it. I like the clearinghouse; I like local input. We're really good in Florida at finding results and we'd like to share that with you and I'm sure Iowa would like to do the same——

Ms. **Fisk**. Absolutely.

Senator **Hawkins** [continuing]. And other States. But we don't need to practice them and practice, and practice. The last reauthorization required the administration increase, produce an interest in surplus commodities which is one of the things I've been pushing within the aging services.

What initiatives have been taken in this regard other than what you said in your testimony?

Ms. **Fisk**. We have been disseminating information and, again, encouraging States to take a greater advantage of this opportunity. Only 20 States at this time, to my knowledge, do take advantage of that opportunity and we think more should. We're hopeful that more will realize the benefits of the program and will take advantage.

We have funded several demonstration projects designed—oh, I guess I'm not supposed to say that because we haven't actually put the awards out on the street—we will be funding in the next——

Senator **Hawkins**. You can say, "we're fixing to."

Ms. **Fisk**. Yes; All right. We're fixing to. As you know, there's all sorts of processes. In fact, I tell the Congressional liaison office first of these awards. We will be making—we're fixing to make—a few awards that we think will heighten the ability to people at the front line to use a whole range of nutritional techniques as well as commodities in the future.

Senator **Hawkins**. Well, just for instance, I held hearings on osteoporosis. There are solutions. Milk was one of the solutions. This is a society that doesn't consume milk. And for that matter a lot of people can't digest it.

But a lot of the technical and scientific evidence was entered into the record on osteoporosis. Some people that may not be able to tolerate milk, for instance, may be able to tolerate Acidophilus added to the milk. We have enough milk in storage to fill a train stretching from Washington all the way past New York City, just in storage. And yet we have women with broken hips and holes in their bones, fragile.

It's the leading cause of death in women over 65 and yet a lot of people still can't tolerate milk. There are solutions in the toleration which we found in one hearing and that I think should be distributed to you and then you get it out to whoever. I find in government that we can solve a lot of problems if we could get all these agencies together around one table and discuss discoveries and solutions. Then we could distribute this information.

The commodities in storage are just absolutely eating me up. I am so tired of paying storage fees. I am tired of seeing Americans not getting the proper nutrition when we have proper foods for them sitting in storage and—and they're rotting away.

And I know there's a better and cheaper way to keep it distributed to those that need it. I am looking forward to working with you and congratulate you on being nominated by the President on this. This last week?

Ms. **Fisk**. Yes, ma'am, on the 17th. Thank you.

Senator **Hawkins**. On the 17th.

Ms. **Fisk**. Thank you very much.

Senator **Hawkins**. That was a great day. We're glad you're here to share that with us this week. I have no questions for you and I will excuse you at this time because I know you do have a plane to catch.

Ms. Fisk. Thank you. I appreciate the opportunity.

Senator **Hawkins**. Thank you. [Applause.]

Seated at the table also are Ruby Walker and Brunetta Walker, our second panel. Both of these ladies have been recipients of the meals program. Ruby has received meals in her home and Brunetta has benefited from the congregate meals program. We thank both of you for being so patient and sitting at the table with the Commissioner today and we thank you for being with us.

STATEMENTS OF RUBY WALKER, HOME-DELIVERED MEALS RECIPIENT, BRADENTON, FL; AND BRUNETTA WALKER, CONGREGATE MEALS RECIPIENT, ST. PETERSBURG, FL

Senator **Hawkins**. Brunetta, I have a list of questions. Brunetta is an 85-year-old brave lady sitting here with us.

Ms. B. **Walker**. That's right.

Senator **Hawkins**. I hope I look that good when I'm 85. The longest 10 years in any woman's life, you know, is between 49 and 50.

Ms. B. **Walker**. Yes, ma'am. I'm 85 and a veteran of the First World War.

Senator **Hawkins**. Well, God bless you. [Applause.]

Fantastic. We thank you for your service. That's a very brave lady sitting there. She's legally blind; lives in St. Petersburg, FL, and since 1973 has participated in the Older Americans Act, title III–C, which is funded by a congregate dining program at Jordan Park dining site. Jordan Park is 1 of the 32 nutrition sites in this county administered by the Neighborly Senior Citizens. Has the program helped you, Brunetta?

Ms. B. **Walker**. Quite a bit. There—You see, being legally blind they gave me one hot balanced meal a day. And this makes my 13th year of participating at Jordan Park. And it has done me quite good for myself.

And, you know, it's gives me someplace to look forward to going to every day cause being legally blind and elderly, a senior citizen, I don't want to sit up in the house all day.

Senator **Hawkins**. No.

Ms. B. **Walker**. So I make friends, some I haven't seen, 10, 15, and 20 years. And I'd like to say, Senator, I'm very happy to meet you. This is my second time of being in your presence even though I can't see you. I can feel your presence.

Senator **Hawkins**. I haven't changed.

Ms. B. **Walker**. And, you know, this is a godsend to elderly people because so many people I have heard said, all the old people ought to be dead.

Senator **Hawkins**. Oh, no.

Ms. B. **Walker**. And that's so sad. And you would be surprised at how many hungry people there are. And at that site where I go there are people there still coming there, were it not for that dining room they couldn't eat.

Senator **Hawkins**. That's true.

Ms. B. **Walker**. And when they leave there on Friday they don't eat any more until Monday. And if it's a holiday on Monday, naturally they don't eat any more until Tuesday.

Senator **Hawkins**. They don't have the little bag lunches that they give you on the weekend? Several centers I visited had bag lunches that they gave you for the weekend. You don't have those there?

Ms. B. **Walker**. No; we—we go 5 days and they used to have the cold plate but they don't have that. That was canceled. So we have that one balanced meal a day.

Senator **Hawkins**. How can we encourage other seniors to make better use of these meal sites? How do you think we could do that?

Ms. B. **Walker**. Well, my—me myself, I have sort of took it on myself to call friends and solicited.

Senator **Hawkins**. Invite them over for lunch.

Ms. B. **Walker**. That's right. And—and I've even had some there that I paid for their lunch in order that they would eat there. And but I—it's on record that some 73 up until about 5 years ago I think I was the instigation of around 50 people coming to that dining room. And I also——

[Applause.]

I also—those that were ill and couldn't come and some that was close around I'd take my red and white cane and carry the meals to them all through Jordan Park and down on Seven Avenue, all around.

Senator **Hawkins**. Oh.

Ms. B. **Walker**. So I keep myself busy, Senator.

Senator **Hawkins**. I know, Brunetta.

Ms. B. WALKER. And I'd like to do something for somebody else and I'm so happy that you're here today to do this, whatever it is that you're doing. [Laughter and applause.]

I see you on television and I'm so proud of you and I tell you, I'd like to be your adopted grandmother.

Senator HAWKINS. We'll make a deal. I need a grandma

Ms. B. WALKER. You're doing a wonderful thing for us and, you know, I'm elderly and I think for other people other than myself, so many people that are hungry and——

Senator HAWKINS. That's true.

Ms. B. WALKER [continuing]. Some of them are illiterate and I feel sad for those too. But I certainly appreciate being able to meet you here today and I thank everyone that was involved in getting me an invitation to come out here and especially Colonel Coward and my manager, Geraldine Flowers and everybody that's connected with it. And I just pray that you will hold your seat for the next 20 years to come.

Senator HAWKINS. Right now I'm holding my head. If you could see me right now, Brunetta, you'd see I've got a neck brace on and I really sound more like a veteran than you do.

Ms. B. WALKER. I prayed for you when you had your accident.

Senator HAWKINS. Let me tell you, the Lord listened to those prayers and I'm very grateful for your offering them. Your reputation is well-known to this community

Ms. B. WALKER. Mine?

Senator HAWKINS. Yes; it is, as being somebody——

Ms. B. WALKER. I got a big mouth. [Laughter.]

Senator HAWKINS. That's why you'd make a good relative of mine. I'm a grandma too, you know, but I don't have a grandmother so you——

Ms. B. WALKER. You don't?

Senator HAWKINS. No.

Ms. B. WALKER. Well, then you're adopted.

Senator HAWKINS. That was a deal. We'll talk about it right after the hearing. I'll put that in the record.

Ms. B. WALKER. Thank you.

Senator HAWKINS. I found a grandma today for me. Do you like the meals? I mean besides the fun and the sociability that you find there and you spruce all up and look so pretty; that's what keeps you young. Are the meals good?

Ms. B. WALKER. Sure, they're good. There's many—Suppose I didn't have anything else to eat. [Laughter.]

Senator HAWKINS. Well, then they're good.

Ms. B. WALKER. They are well-balanced meals. Now it—you know, when you're cooking for people our ages you don't high season it.

Senator HAWKINS. Right.

Ms. B. WALKER. And—because naturally we want to put more salt, more pepper, more butter, more fried meat grease, and to suit our taste. But it is what we need and—because we have so many conditions, either high or low blood pressure or neuritis, arthritis, bursitis. [Laughter.]

All of those put together and, you know, you have to take care of your body now. If we didn't do it when we was young we're trying to preserve it. And I must have taken—we must have taken pretty good care of me because I done already lived 85 years and I intend to live at least 5 or 10 more. So that, Senator, is a beautiful thing to have because I know you know that there are hungry people——

Senator HAWKINS. That's true.

Ms. B. WALKER [continuing]. That are suffering and there's a lot of it in St. Petersburg and I hear about it in other places. Were it not for the congregate dining room, the meals on wheels, the day-care centers, a lot of people would really starve to death.

Senator HAWKINS. That's true. We have the food that we should share with those in need. I know that you've been a great advocate and that's why we called you first to help us. We look forward to working with you. Anything you need to add to the program you just give me a call, OK. I've got an 800 number and we'll chat.

I'll give you the number after the hearing. Ruby Walker who is sitting beside you is from Bradenton, is that right?

Ms. R. WALKER. Bradenton.

Senator HAWKINS. Bradenton.

Ms. R. WALKER. Manatee County.

Senator HAWKINS. Manatee County, yes, ma'am. I know that area. And you're a recipient of home-delivered meals.

Ms. R. WALKER. That's right.

Senator HAWKINS. And I understand you have some prepared testimony. Would you like to give it at this time? Speak right into that microphone if you would, please.

Ms. R. WALKER. Do I what?

Senator HAWKINS. Would you like to give your testimony at this time?

Ms. R. WALKER. Well, I'd be glad to. I think most everything that's worth saying has already been said.

Senator HAWKINS. Well, I——

Ms. R. WALKER. But I will have to say that I think that there is many people that really deserve the meals on wheels that don't even know about it.

Senator HAWKINS. I think you're right.

Ms. R. WALKER. And that they deserve some way of being let know about it. And——

Senator HAWKINS. How was the senior service center made aware that you needed a meal?

Ms. R. WALKER. Actually, first off, it came through Bob McLaughlin of HRS and Mildred Muther from Manatee Opportunity Council. And they saw what a predicament I was in and the next day here came meals on wheels. And then I fell and broke my hip and I still couldn't get up and do. They were doing for me.

The volunteers have always—even when I would stop, when I'd get to feeling good, I stopped the meals and—because I feel there's others that need it worse than I do. And they would stop just to say hello and to see how I was and the staff would call me.

We also have, in Manatee County, the community care for the elderly which is a marvelous thing to have.

Senator HAWKINS. Yes; I visited there. That is wonderful.

Ms. R. WALKER. And they've all said to say, hello, to you and——

Senator HAWKINS. Tell them hello from me. I visited there. It's really inspirational to go by there. Did your family or friends provide any support outside the program?

Ms. R. WALKER. I have no family or—oh, I have friends but no family.

Senator HAWKINS. You outlived all of them.

Ms. R. WALKER. Yes.

Senator HAWKINS. What advice would you give——

Ms. R. WALKER. But I do say that we do get a wellbalanced meal.

Senator HAWKINS. Uh-huh [affirmatively].

Ms. R. WALKER. And it's hot when we get it.

Senator HAWKINS. What advice would you give to me, to an administrator here from Washington and to the service providers who are out in the audience on how the program could become more effective?

Ms. R. WALKER. I really can't figure it out. I wonder how that—there's so many older people that cannot read, that cannot write. They don't know that these programs are available to them. I think if we had volunteers that could even just go to doors and talk to some of them and explain it to them——

Senator HAWKINS. Uh-huh [affirmatively].

Ms. R. WALKER [continuing]. That it might be a blessing to them. And there's a lot of people that are handicapped worse than I am, much worse, that don't even know about the meals on wheels. And which is a blessing to everybody that cannot do it for themselves.

Senator HAWKINS. Have you called others and told them about the program?

Ms. R. WALKER. Yes; I talk to different people about it. I express my views pretty firmly.

Senator HAWKINS. Well, that's one way of getting the word around.

Ms. R. WALKER. I mean maybe it doesn't do any good but I know that's what my feelings are.

Senator HAWKINS. Well——

Ms. R. WALKER. That it should be to anybody——

Senator HAWKINS. We appreciate that.

Ms. R. WALKER [continuing]. That's needing it.

Senator HAWKINS. Sure. And the followup is adequate, you feel, the followup services?

Ms. R. WALKER. I believe so. And I do know too that I think our—our county commissioners are 100 percent behind you on all this——

Senator HAWKINS. Well, I've got a reputation.

Ms. R. WALKER [continuing]. Because I've talked to quite a few of them.

Senator HAWKINS. That's a great county, Manatee, and they have done a great job with children——

Ms. R. WALKER. They certainly do.

Senator HAWKINS [continuing]. And a great job with seniors. And it's interesting to me that Pinellas County has probably the leading program in the United States for protection of juveniles. So we can go to both ends of the spectrum, the young or the elderly.

Ms. R. WALKER. Uh-huh [affirmatively].

Senator HAWKINS. And I'm proud of Florida and the job we do——

Ms. R. WALKER. And I also.

Don't think that other states have the care that Florida does. I have friends living in other states——

Senator HAWKINS. Well, they'll be here shortly, you know.

Ms. R. WALKER [continuing]. That have told me——

Senator HAWKINS. We welcome them all. I think everybody's momma lives in Florida. I travel a lot, as you know, and young men and women come up and give me names and addresses and nine times out of ten it's their mother, or their father who have moved to Florida and selected it as their home——

Ms. R. WALKER. Uh-huh [affirmatively].

Senator HAWKINS [continuing]. It's a great place to live and we must provide good services. We want to take care of everybody's parents. And I tell my staff, treat every letter like that's your momma.

Ms. R. WALKER. I have—my friend's down visiting me and she just couldn't believe what meals on wheels——

Senator HAWKINS. Yeah.

Ms. R. WALKER [continuing]. Was doing. Not only that but the community care for the elderly was—was there at the same time.

Senator HAWKINS. Uh-huh [affirmatively]. That's a marvelous program.

Ms. R. WALKER. And she couldn't believe it because they don't get that service where she lives.

Senator HAWKINS. No; and I fight hard to get more than Florida's fair share because——

Ms. R. WALKER. It should be——

Senator HAWKINS [continuing]. We deserve it. We deserve it because we have all the parents and we're growing rapidly and we do need to spread the word because a lot of people are——

Ms. R. WALKER. That's right.

Senator HAWKINS [continuing]. New in this city and they didn't understand that it's available. So we will work with many programs, especially the Administrator on Aging, in disseminating the information. I thank the Walkers, both Brunetta and Ruby, for being here this day. And we'll keep in touch with you as we progress on this reauthorization of this most important Older Americans Act.

Ms. R. WALKER. And I'd like to say one other thing. It's been a privilege to meet you.

Senator HAWKINS. Well, thank you for coming. It works both ways. I really do learn a lot when I come and get to visit with the constituents who are in this program. I tell young people, we know a lot more about being young than they do being old so we can work both ways on this. Right?

Ms. R. WALKER. We weren't always old.

Senator HAWKINS. Well, thank you both for coming and we'll give you some assistance in changing.

Ms. B. WALKER. Well, I thank you, Senator and for my goodbye I'd like to say, when you're in St. Petersburg come over and have dinner with us one day.

Senator HAWKINS. I will do that, grandma. Sure will.

[Applause.]

Senator **Hawkins**. I certainly will.

Ms. B. **Walker**. We serve at 12:30.

[Laughter.]

Senator **Hawkins**. We do have a lot of expert advice here today. The third panel consists of Ann Burgen who is president of the National Association of Nutrition and Aging Services Program and director of the Clinton County Council on Aging from Frankfort, IN. We welcome you here. Shirley Cohen, director of Feedback Foundation, Project TLC is here from Santa Ana, CA.

And since we are running close on time would you like to submit your testimony and just answer questions or what is your wish?

Ms. **Burgen**. That's fine. Whatever pleases you.

Senator **Hawkins**. All right. That would help me. I have a travel schedule also.

STATEMENT OF ANN BURGEN, PRESIDENT, NATIONAL ASSOCIATION OF NUTRITION AND AGING SERVICES PROGRAMS, DIRECTOR, CLINTON COUNTY COUNCIL ON AGING, FRANKFORT, IN; SHIRLEY A. COHEN, DIRECTOR, FEEDBACK FOUNDATION, PROJECT TLC, SANTA ANA, CA

Senator **Hawkins**. Ann, your reputation is well-known. Your association is highly regarded, I must tell you, by those of us that work on solutions to older Americans' problems. If you could make just one recommendation, and I know you're going to make several because I'm going to call on you during the rest of this year to help us rewrite this act, but if you could make one today that this committee should consider first in reauthorizing the act do you have any idea what that would be?

Ms. **Burgen**. Yes; I think from having listened to these two delightful people who were here today, you know, a little bit of what we, at the service provider level, encounter every day, the needs that can't be met and the services that are so needed to help people stay in their homes and to remain active and stay out of the institutional place.

And also, the recommendation that you continue to do those services for us because the need ever increases. But primarily we're interested in the primary care issue of the congregate site. You can see what it did for her.

Senator **Hawkins**. Oh, yes.

Ms. **Burgen**. But the congregate program is so much a pivotal part of all the services that go on within an area or within a local community. And many of the other services would not be available to them were they not involved in that congregate program.

And we've been doing some surveying work trying to come up with a profile of the client——

Senator **Hawkins**. Uh-huh [affirmatively].

Ms. **Burgen** [continuing]. That we're serving and for so long we've heard that the—the homebound person is the most frail, the most vulnerable, the most elderly. And what we're finding in our surveys is that there is very little difference between the homebound client and the congregate program client.

Senator **Hawkins**. Oh.

Ms. **BURGEN**. And in the—in the survey that we just did in my project, for example, in Indiana the average age of our congregate participant is 76 years of age '

Senator **HAWKINS**. Huh.

Ms. **BURGEN**. The average age of the homebound is 80.

Senator **HAWKINS**. Uh-huh [affirmatively].

Ms. **BURGEN**. And we're finding that the percentage of the people who live below the poverty level are comparable in both of our programs. So I think we're meeting the needs so I guess all we have to say is, just keep on funding the services to the level that we need to help meet the need that's out there.

Senator **HAWKINS**. Well, do the seniors have a role in planning the program?

Ms. **BURGEN**. No. One of the interesting things that was left out of the Older Americans Act this last time was the role of the advisory council at the local project level. But what we're finding is that most of us still do that, we either have site councils or, you know, areawide councils that have a lot of input into what goes on in the programs.

We think this is real important.

Senator **HAWKINS**. Currently the Department of Agriculture reimburses service providers for every meal they serve.

Ms. **BURGEN**. Uh-huh [affirmatively].

Senator **HAWKINS**. If surplus commodities greatly reduce the cost of each meal served would you support allowing the Department of Agriculture to discount the meals to relieve the current financial strain?

Ms. **BURGEN**. That's almost a loaded question because——

Senator **HAWKINS**. That's——

Ms. **BURGEN** [continuing]. It would depend on a lot of things because the reason that so many of us are into the cash, as you know, right now are because of the tomato paste and the stingy chicken——

Senator **HAWKINS**. Yeah.

Ms. **BURGER** [continuing]. And the delivery problems and all. I—I would venture to say that we would support it if we could be assured that there would be some changes made in the—in the way we receive commodities, the selection that we would have so that we don't—For example, if I'm going to get $20,000 in tomato paste I'd rather have the $20,000 in cash.

Senator **HAWKINS**. Yeah. Do you have a list of recommendations? Can we receive those? I can put it in the record. If you don't have it today, would you provide it——

Ms. **BURGEN**. We can come up with a——

Senator **HAWKINS** [continuing]. For the record.

Ms. **BURGEN**. We would be glad to come up with them.

Senator **HAWKINS**. That's what we need.

Ms. **BURGEN**. Uh-huh [affirmatively].

Senator **HAWKINS**. I think it's coming. And I think we should tell them how to do it.

Ms. **BURGEN**. I might say that——

Senator **HAWKINS**. Because you are the ones that know the most about it.

Ms. BURGEN. Yes. We, as a national association, have been working and we have submitted a grant to both AOA and the Department of Agriculture to help in that process and so we're hoping that perhaps the Senator and some of our congressional friends can help us with that grant because we think it's real important that our programs do have the option of using commodities both for the reasons you stated today, the problem with the farmers in America, and also hungry older people.

So we will be glad to do that, yes.

Senator HAWKINS. Sure. If you would give me a list and we'll put it in the record and all Senators can read it and then I'll read it to them again.

Ms. BURDEN. Thank you.

Senator HAWKINS. Should food supplements be a part of the nutrition sites and an area of concern, in your mind?

Ms. BURGEN. At one time we would have said, yes, that they were a problem. However, with the impact of the DRGs on our programs what we have found is that now we're getting requests for very seriously ill clients like just released out of hospitals who are cancer patients and so forth——

Senator HAWKINS. Uh-huh [affirmatively].

Ms. BURGEN [continuing]. That that's what they need and so we feel that we want the option to still have food supplements available because that is the only product that's keeping a lot of our people alive.

Senator HAWKINS. Do you have any ideas that you could submit to the Record or share briefly with us today for Congress about what we could do to greatly accelerate the use of the surplus commodities in this program?

Ms. BURGEN. It's going to take an education process. It's going to take some selling to the participant—to the project directors out here because of their past experiences because they've not been good.

Senator HAWKINS. Sure. No, I know.

Ms. BURGEN. And I think that what—what you can do is help us to work through the system of enabling us to do the training and having some grant money that we can have a staff and do regional trainings and so forth to actually show people how it can work again with technical assistance monies.

Senator HAWKINS. We've got to work on that.

Ms. BURGEN. OK.

Senator HAWKINS. With the recent passage of the urgent supplemental increase——

Ms. BURGEN. Uh-huh [affirmatively].

Senator HAWKINS [continuing]. The Senate enacted a major appropriation—8.5 million for these services.

Ms. BURGEN. Yes.

Senator HAWKINS. Seven million will meet 1985 obligations. How important to you are these supplemental funds to service providers?

Ms. BURGEN. They're absolutely essential because most of us still have our books open from 1985 because we were not told until near the end of the year that we were going to have the reduction so therefore, in my project alone it's about $7,000. Across the Nation the 7 million on our books is still open and so we're either having to reduce the amount of service this year——

Senator **Hawkins**. Uh-huh [affirmatively].

Ms. **Burgen** [continuing]. To make up for that or else leave our books open and in the red. It is vitally important.

Senator **Hawkins**. OK.

[The prepared statement of Ms. Burgen follows:]

TESTIMONY

FOR A HEARING RELATED TO ISSUES OF REAUTHORIZATION OF THE OLDER AMERICANS ACT

UNITED STATES SENATE SUBCOMMITTEE ON AGING

June 21, 1986

Statement by ANN BURGEN, PRESIDENT
NATIONAL ASSOCIATION OF NUTRITION AND AGING SERVICES PROGRAMS

P.O. BOX 505
Frankfort, Indiana 46041

THE HONORABLE PAULA HAWKINS
United States Senate Subcommittee on Aging

I am Ann Burgen, Director of the Area IV Nutrition Program for the Elderly, a program that covers an eight county rural area of northcentral Indiana. I am also the President of the National Association of Nutrition and Aging Services Programs. On behalf of the Association, I want to thank you for conducting this Special Senate Hearing during our annual training conference. We are pleased that you are affording our members an opportunity to witness and participate as you initiate the process of gathering information pertinent to the reauthorization of the Older Americans Act legislation.

It has been just fourteen (14) years since Congress initiated the Title VII Nutrition Program for the Elderly in July of 1973. This was the first "service" funded under the Act and was selected because of the evidence of widespread malnutrition and related health problems among this nation's older citizens. As you know, the funding was the result of findings from a demonstration and research program that Congress had initiated in the late 1960's. The demonstration program found that many elderly people do not eat adequately because:

1. they cannot afford to do so;
2. they lack the skills to select and prepare nourishing and well-balanced meals;
3. they have limited mobility which may impair their capacity to shop and cook for themselves; and,
4. they have feelings of rejection and lonliness which obliterate the incentive necessary to prepare and eat a meal alone. (Oregon Green Guide 1973)

The philosophy underlying Title VII of the Older Americans Act, Nutrition Program for the Elderly, was stated in Section 701 of the Act, as amended in 1972:

> The Congress finds that the research and development of nutrition projects for the elderly conducted under Title IV of the Older Americans Act have demonstrated the effectiveness of, and the need for, permanent nationwide projects to assist in meeting the nutritional and social needs of millions of persons aged sixty or older.

Since 1973 agencies using Older Americans Act funds to initiate and deliver services to older Americans have done an incredible job in seeing that the priorities of the Act have been carried out. These priorities include:

1. Developing additional resources to expand the programs.
2. Involving local organizations such as churches, senior centers, schools, and other private groups in the support of the programs through coordination and use of their facilities, resources and volunteers.
3. Developing linkages with other service agencies to assure clients access to health, rehabilitative and educational services.

In addition to the above priorities, the programs have created an opportunity for project participants to help themselves and each other. Thousands of older people volunteer their time and talents to help carry out the mission of the programs. Many others work through our Title V and Green Thumb programs at centers providing essential support.

This testimony so far may seem like a history lesson, but we believe that it is important that we remember the intent and purpose of the original legislation. Every three years the Older Americans Act must be reauthorized and every three years we listen to forces who seek to change the focus of the Act. And, while we recognize the need for continuing assessment and evaluation of the legislation, we also firmly hold that a departure from the original priorities of the Act would not be in the best interest of the elderly citizens that we are charged to serve.

As we begin the process of reauthorization in 1987, it is essential that we recognize that we are dealing with a future that holds increasing demands for service. We must also be aware of the limited availability of federal resources to meet these needs. Those concerned with aging issues would not dispute these statements. Differences emerge as we look at our options in dealing with this dilemma.

NANASP feels strongly that Congress must maintain a steadfast commitment to the delivery of direct services to clients. Within the aging network, other views have been expressed that call for increased flexibility to use Older Americans Act dollars for additional administration, systems change and/or case management. These views when assessed need to be grounded in the reality that any social services model must ultimately be judged by the services provided to the intended group.

Our nutrition programs and other support services operating under the Older Americans Act have an admirable record. A prime example is that for the past five years, dollars made available to nutrition programs through the Act have not increased, and yet each year, nutrition programs have managed to serve more meals. Community-based service providers who deal daily with clients urgently needing support to stay in their own homes and communities know that available resources must be maximized and directed toward actual service provision. Channeling funds in other ways may have merit if resources are found to match real need, but until then,elderly people in our country are relying on programs to assist them in basic and essential ways with services such as meals, transportation, homemaker, and other direct support.

We acknowledge that we cannot serve everyone under our current system. However, we cannot concur with those who believe that the solution to this problem rests with redirecting our emphasis away from service delivery. This kind of position seems to say, "if you can't feed everyone, then don't feed anyone" and we must respond that "if you can't feed everyone, then feed as many of your target group as possible and keep working to get the resources needed to take care of the problem."

Even as we look at the funding of direct services, there are differing opinions about which types of services should be funded in the future. Those of us working in the field are very aware of the increasing demand for in-home services. The advent of DRGs and the rapid growth of America's 80+ population are adding pressure to the service delivery system. There is no doubt that our nation must be able to respond to the acute need of a newly discharged home-bound patient, as well as the chronic need of a client who is not mobile but can remain at home with some support services. This client group, the frail and vulnerable of the elderly population, desperately needs our concern and assistance.

Our vantage point in communities also tells us that this group is not the only group of elders that should receive our attention. Service providers are keenly aware that congregate nutrition programs and senior centers also provide essential services. This support sustains older people at a level of independence that allows them to continue as members of their community. It prevents a premature sentence, requiring the client to become home-bound in order to receive service. Congregate programs provide a positive step of support on a recuperative ladder for older persons who can return to a more active life following illness and/or hospitalization. Also, congregate programs provide the base in many areas for the delivery of home-bound service. In other words, the reduction of congregate nutrition and senior centers would also reduce our capability to serve home-delivered meals in locations where food is delivered to the community in conjunction with congregate dining transportation and taken to individual homes by congregate participant volunteers.

It is important to note that the profile of these congregate and home-bound client groups is more similar than many would suspect. In the project I direct in Indiana, we recently concluded a study to develop an accurate picture of the clients we serve. Our results showed us the following:

Congregate Participant Profile	
Average Age:	76
Lives Alone:	81%
Income Level:	
Below Poverty	49%
Below 150% of Poverty	33%
Male:	23%
Female:	77%

Home-Delivered Participant Profile	
Average Age:	80
Lives Alone:	80%
Income Level:	
Below Poverty	59%
Below 150% of Poverty	29%
Male:	23%
Female:	77%

Preliminary statistics from a NANASP survey in progress, appear to support my local data as representative of projects nationwide. The myth of an "affluent, active 60 year old stopping by the congregate center for a free lunch" is just that . . . a myth. The clients we are serving in congregate sites are in need of the services, as are their home-bound counterparts. The statistics also seem to reinforce that programs are currently reaching targeted groups of older people, low-income and isolated seniors who require support.

In analyzing further preliminary responses to the NANASP questionnaire, we find that approximately half of our nutrition projects completing the survey have communities wait-listed for congregate sites. Almost nine out of ten respondees also indicated an increase in the need for in-home services with the advent of DRGs. Clearly we are facing dramatic demands for services for our older citizens.

In essense, we believe that levels of care need to remain an integral part of the Older Americans Act approach to service delivery. The challenge is finding the support necessary to sustain and expand existing programs, recognizing the value and benefits of each program.

We hope that as service providers we can work in partnership with Congress through this important reauthorization. The support of key Congressional leaders for Older American Act programs has been strong and consistent, and we deeply appreciate the concern and action of those individuals. The future provides us with many questions and challenges, but it also provides us with many opportunities to build on an existing nationwide model of cost-effective and client-effective service provision.

Senator HAWKINS. Shirley Cohen is the director of the Feedback Foundation in Santa Ana, CA. What means are being used to educate older people as to what a correct diet is through your center?

Ms. COHEN. We have regular programs of nutrition education and it's hard to do because a lot of the older people thimk that they've learned all they need to know about nutrition in their many years. So it's kind of touchy but we do it, do cooking classes and try to make it fun for them.

Senator HAWKINS. What kinds of meals do you serve?

Ms. COHEN. We serve lunches, we serve about 2,000 lunches a day. We do about 600 a day breakfasts. We do about 300 a week Sunday meals. Our homebound people get one or two meals a day, 5 or 7 days a week. We do a daily average of 2,800 meals.

Senator HAWKINS. Wow. What advice would you give us to encourage seniors to make better use of the meal sites?

Ms. COHEN. Well, as I was listening to the Mrs. Walkers and you tell everybody to come, I wondered, how are we going to pay for all this.

Ms. BURGEN. Yes.

[Applause.]

Senator HAWKINS. That's my job.

Ms. COHEN. What I see happening in our program and other programs too throughout the country is, as the need for the meals increases it's very difficult for us to turn people away and so we reduce staff benefits and we reduce staff which puts a lot of burden on the staff.

Senator HAWKINS. Uh-huh [affirmatively]. Well, we had a great hearing on this problem—I don't know if you're aware of it or not—but OMB came in and said, Gramm-Rudman says it's going to be a 4.3 percent cut and we're just going to stop the line—four and a third people can't get in.

Instead of saying that we can have efficiencies in scale whereby large programs like yours or Florida's serve a lot of meals for less—instead of using those efficiencies in scale they were just taking out a calculator and deciding that's the way it was going to be, that—that many fewer meals were going to be served instead of saying we can feed more people for less money because they're larger groups in congregate areas.

Some States have larger congregate areas than others. Florida is a typical one so I got to chew on them really good. You'd have been proud of me.

Ms. BURGEN. We were. I was there.

Senator HAWKINS. Well, you know, we're celebrating the 200th anniversary of the lady holding up the torch bring me your tired, your poor and your hungry and everyone's very excited about that anniversary but at the same time we're saying 4.3 percent of you cannot come to this new program that has worked so well. Instead of saying, we're doing it better. We're doing it for less. And we have surplus food so we can feed the world.

We feed the world; we sure ought to feed America.

[Applause.]

Senator HAWKINS. How involved are you, Shirley, and your program employees in monitoring the health and welfare of the people you serve?

Ms. COHEN. We're very involved. In response to what we thought was a need, especially with our older population, we started an adult day health care program and also recently started an adult day health care program which is self-supporting on Medicare.

Senator HAWKINS. Uh-huh [affirmatively].

Ms. COHEN. And that's been very successful. We also have what is called an elder care program that's financed through the Department of Health in Orange County and the nurses go down to the different sites on a regular basis and that's very popular. The seniors love having their blood pressure taken and reassurance that they're okay because——

Senator HAWKINS. I don't like it but they do it every day anyway. But it is reassuring.

Ms. COHEN. Uh-huh [affirmatively].

Senator HAWKINS. I mean that gives you some information that will help us prevent illness later and I mean that's the whole tenor of today's mood. We're here to promote wellness and health and to prevent illness. And the figures that we're gathering in all of our surveys show the average age in America is going to be 80 instead of 72. Therefore, we should prepare to have people healthy those entire 80 years and those of you with hands-on experience, must help those of us that have to appropriate that money and reshuffle the commodities and programs where the people are.

You're just so valuable to us as we rewrite this—this valuable, valuable program for the graying Americans. It's true, you know, if you can't get to the drugstore and——

[Laughter.]

Senator HAWKINS. I must tell you that your thoughtful testimony helps to inform all the Senators who may get caught up on the budget; may get caught up in appropriations; or may get caught up in a long line of lobbyists that wait at our office daily to tell us about the most urgent problem in their lives—which happens to be a client or a single issue.

And we must take care of our own because we want to keep them healthy. There is a lot of scientific evidence and new information that indicates we can be well if we feed ourselves properly and get the right exercise.

We've got a super program in Lee County where if you join their program and walk the number of miles that they walk—and it's hot in Florida so, you know, it's not too exciting to walk outside in the summer but they walk inside the mall and they have little pegs all along. This is the quarter of a mile, the lingerie department's a half a mile.

Go down to the shoe department is another half a mile. They do that three times a week and those who belong to that program experience so much better health and well-being and the oxygen, et cetera, that, feeds your body, makes the metabolism work better.

It's just a great way to use the mall. I don't know that the husbands are too crazy about it. And then on the alternate days, Tuesday and Thursday, if they walk outside they have a certain path that's monitored and they get extra points and it's a great competitive program. I'm really proud of that program and I think that that's something we have to instill in others. We have to make these old bones move and we have to keep them moving and it's a lot more fun to do it with somebody than to do it alone.

Now that we do have so many women that have outlived their families we do have to work constantly on keeping them healthy because they do tend to be frail because of the lack of nutrition that was depleted perhaps when we had children and then didn't drink the right amount of calcium or take it.

I have gained great insight today in both the strengths and the shortcomings in the program as it currently exists. We will enter all of the information that you have submitted in the Record. We'll keep the record open in case you would like to submit some other testimony.

If my office can provide copies of this morning's testimony to any of those in the audience if you would see my staff member here, Gina Zimmerman, we'll be glad to get it to you because I think it would be helpful to you in letting us find out how we should reauthorize this program, what should be in it, what should not be in it.

I hope you'll keep in touch. Thank you very much for your participation. We look forward to working with you. The hearing's adjourned.

Senator HAWKINS. The hearings is now adjourned.

[Whereupon, at 12:25 p.m. the hearing was adjourned.]

[The prepared statement of Ms. Cohen and additional material supplied for the record follows:]

TESTIMONY

FOR THE SENATE SUB COMMITTEE ON AGING

June 21, 1986

Statement by SHIRLEY A. COHEN, DIRECTOR

PROJECT TLC, FEEDBACK FOUNDATION, INC
P O Box 3098
Santa Ave, CA. 92703
(714) 835 8011

The Honorable Paula Hawkins

The purpose of my testimony is to express sincere appreciation to you for holding this hearing at our National Conference, to the Senate Subcommittee on Aging and Congress for the impressive support over the years for our nation's elderly, to list my projects' expansion under the Older American's Act, to explain the advantages of a central kitchen operation and the frustrations of losing dedicated staff and not having adequate access to commodities.

In reauthorization, I ask that funding for nutrition programs be continued and expanded with consideration for increased demand and staff requirements and that commodities be made more available.

Feedback Foundation Inc. was one of the first sponsoring agencies of the nutrition program for the elderly in California under what was then Title VII of the Older Americans Act. From its inception in 1973, a coordinated system of services for the elderly quickly expanded. Although subsequent reauthorization legislation, such as dividing the supportive services and meals, then spliting the meal funding into home and congregate has weakened the coordinated approach for the needs of the elderly person, Feedback Foundation has managed to provide a total approach but with increased difficulty as there is considerable competition in Orange County for the Title B or supportive funds.

In our thirteen years of services for the elderly, we have achieved the following:

- 27 nutrition sites serving 2,000 lunch meals five days per week.
- Six nutrition sites serving 300 breakfast three days per week.
- Three nutrition sites serving Sunday meals.
- 485 homebound participants receiving one or two meals per day five or seven days per week, based on their need assessment.
- Two shared housing programs in conjunction with two cities--Tustin and Huntington Beach.
- One adult day care program in conjunction with Buena Park.
- One adult day health care program in conjunction with St. Joseph Hospital in Santa Ana.
- We recently received a One Million Dollar low interest grant from the State of California to renovate an old hotel into low cost housing for the Elderly and are trying to obtain the additional neccessary funds.

Supportive services for the elderly participants are needed and available. Obviously, we have managed to implement needed services that were not available in the community such as day care, day health care and shared housing---all as an outgrowth from the nutrition program. Other programs throughout the contry have also expanded services for the elderly way beyond the nutrition program. Congress can be proud of their Older Americans Act as reauthorized through the years. But as the elderly increase in numbers and in age, more support from Congress is needed. As cutbacks in funding (Gramm-Redman no ajustment for inflation, less USDA cash reimbursement) occur and as increased responsibility in the form of more meals, new programs and more older participants evolves, we are seeing burned out, underpaid staff leave for better paying jobs, and their dedication and expertise is being lost to aging programs. Since few of us are able to refuse meals to the elderly when there is insufficient funding, the brunt falls on staff and this seems unfair and counterproductive.

Thanks to a $400,000 grant from the California Department of Aging for state-of-the-art equipment, Feedback Foundation is setting up an innovative central kitchen or food factory so we can produce more meals of better quality at a lower cost and make meals available to other programs.

During our planning stages, we considered setting up our own milk room, processing the USDA dry milk under appropriate conditions and saving as much as ten cents per meal. We received enthusiastic support from USDA but hit a snag with the California Milk Control Board who presented many objections but finally conceded it was an "economic problem". In other words, the milk industry want to sell their surplus or overproduction to the federal government and also sell their on hand stock for the highest possible price. Since my research indicated that the milk industry is one of the most powerful lobby groups, we gave up our plan to save costs on milk.

We also would like to use more commodities and our new central kitchen will have sufficient storage and production areas to produce large qualities of food. We could affect even more savings by using commodities. Why don't we, especially since it costs the federal government approximately $600,000 per day to store the commodities? Because there is currently the 50% rule--- which means that 50% of the nutrition programs in a state must use commodities in order for any program to be eligible for more than the dairy, honey bonus items. USDA needs encouragement from legislators to relax requirements. We need your help so that we can use available resources to reduce our costs, not only for elderly nutrition programs but also to help feed the hungry and homeless.

Thank you again for your interest and concern for our nation's elders.

Senior Services of Snohomish County
3402 112th Street S.W. - Everett, WA 98204 355-1112/745-1112
NUTRITION SERVICES

Senate Special Hearings on the Elderly
Senator Paula Hawkins
June 21, 1986
St. Petersburg, Florida

Testimony by Louise O. O'Neil
Director, Nutrition Program
Senior Services of Snohomish County
Everett, Washington 98204

The Nutrition Program is an intricate part of the long-term care systems for many older adults.

The congregate meals at nutrition sites provide the first of a continuum of meals and nutrition education for the elders. These meals provide, in many cases, the only total nutritionally balanced meals for them, because of their physical inability to prepare a full meal or their lack of will to do so if they are alone, or their lack of money to buy food. Hunger among the elderly is increasing. The Meals-on-Wheels program is a keystone part of the in-home long-term system.

The better the nutrition and activity levels of the elders, the less likelihood of the need for extensive in-home services.

The Nutrition Programs for the elderly have proven their success by keeping the elderly in the community, rather than costly nursing homes.

The Nutrition Programs should not be cut back (due to Gramm-Rudman-Hollings or other budget cuts) but rather increased funding must be provided due to increased population, demand and early discharges from hospitals.

The Programs are well known and very visible in Snohomish County, Washington.

This has caused increased demand. Every possible local resource, United Way, County and City monies, Service Clubs, as well as a new campaign to increase donations of the elderly. The new suggested donation is $1.50. This is a very difficult task - to ask the elderly to increase their contributions, as well as volunteering.

Congress could increase the amount of meals served by simply directing policy changes within the USDA.

1. - National Commodity Processing contracts must be continued. These allow Product Manufacturers to utilize surplus commodities in their products and to reduce the product price to Nutrition programs by the value of the commodities used.

2. - Remove the requirement that only those states that have elected to receive at least 51% commodities versus cash are eligible to receive non-dairy bonus commodities such as ground beef and poultry. With a major surplus of beef anticipated this year, this would greatly enhance the programs. At the present time none of Region X (or the State of Washington, Oregon, Idaho and Alaska) is eligible to receive these products.

3. - The warehouses of USDA are full. The nutrient content of these products is deteriorating. The appropriate foods should be released to the elderly programs.

These factors alone would allow the programs to serve more meals, decrease hunger and the need for costly medical care without additional federal monies.

WISCONSIN
ASSOCIATION
NUTRITION
DIRECTORS

WAND

JUNE 9, 1986

The State of Wisconsin, in being a forerunner of County-based planning of services for older people, and through representation of sixty-four county Elderly Nutrition Programs (which represents 89 percent of all counties in Wisconsin), the Wisconsin Association of Nutrition Directors hereby present the following:

It is the intent of the Wisconsin Association of Nutrition Directors to assure that Elderly Nutrition Programs provide low cost nutritional diets in order that older people may maintain a high level of physical and mental well-being and that they are able to pursue their remaining years with independence and dignity.

The WISCONSIN ASSOCIATION OF NUTRITION DIRECTORS supports:

I. the philosophy that older Americans have access to all Title III programs based upon confidential voluntary contributions for services;
II. that in the process of reauthorization, the Older Americans Act maintains the age eligibility of 60 years and older;
III. the targeting of low-income, isolated and frail elderly;
IV. a separate criteria for Title III C/1 and Title III C/2.

Lillian I. Mattes
Lillian I. Mattes, President
Wisconsin Association of
Nutrition Directors

Patricia M. Harvey
Patricia M. Harvey, Delegate
National Association of
Nutrition & Aging Services Program

NANASP Hearing - 1986 Conference
St. Petersberg, Florida

Written - Helen Western, Project Director
Senior Nutrition Services, Region 8
Western Community Action, Inc.
Marshall, MN 56258

Thank you for the opportunity to provide testimony in behalf of Senior Nutrition Services, Western Community Action, Inc.

Senior Nutrition Services, funded in part by Southwest Area Agency on Aging through the Older Americans Act, Title IIIC, and Minnesota state funds, has provided hot noon meals to senior citizens in the nine counties of Region 8, of extreme Southwest Minnesota since March of 1974. During these twelve years, we have experienced a ten-fold growth.

1980 census data showed approximately 29,000 persons over 60 (including nursing home residents). In 1985, 8,255 different persons were served hot noon meals at our 26 congregate and home delivered mealsites.

The hot nutritious noon meals served at our nutrition sites enable seniors to maintain health and live independently in their own homes for more years. The nutrition program is a self-help program. The opportunity to volunteer to help others, as well as themselves, in the preparation and serving of the meal, as well as joining in social activities at the mealsite, promote active living and feelings of well-being. More than 80,000 hours of volunteer time was given at Region 8 nutrition sites in 1985.

Our most recent survey showed that approximately 60% of the participants were of low-income. At the congregate sites 76% were over age 70 with 37% of these over 80 years of age. The average age of the home delivered meal clients is 84 years. In fact, one very active senior celebrated his 100th birthday at/one of our mealsites last week.

This was not happening ten years ago. Let us give credit to nutrition sites for their contribution to better health!

I have two concerns to share with you:

First, I believe that more emphasis should be placed on nutrition as part of the planning for long-term care. Good nutrition through mealsite participation and home delivered meals is excellent preventive care. Isolation and loneliness are not income related but do contribute to poor eating habits leading to poor health. Congregate and home delivered meals certainly have a place in the continuum of care.

My second concern is how will further budget cuts affect communities in their effort to maintain mealsites?

The senior citizens of Southwest Minnesota are a proud and independent people. Our mealsites, for the most part, are located in senior centers, many of which received funding through Older American Act grants. These centers are now supported by senior citizens and city government. Senior Nutrition Services pays no rent for any mealsite location.

My review shows that contributions and other local support (not including the cost of providing the space) for program expenditures has increased from 34% in 1981, to 47% in 1985. We have received a cut in federal funds for 1986, and are budgeted with 56% local funds. We are a rural area, our senior citizens and local govenments are the depressed farm economy in Southwest Minnesota.

At the same time that we are receiving fewer federal dollars and higher costs for workman's compensation, unemployment, and liability insurance, and other essential operating costs - the demand for meals is increasing.

The number of congregate meals served in Region 8 increased by 33% from 1981 to 1985, and home delivered by 44%. In addition, 13% more home delivered meals per day were served in the first quarter of 1986 than in 1985.

We can hardly expect the increase in local support to continue to grow at a more rapid rate.

Our report from the administration stated that federal budget cuts should not result in the loss of more than four meals per mealsite. The loss of four meals per day at our smaller rural sites would force closing those sites because of the increased operating costs.

We look to the Older Americans Act legislation and congressional appropriations for continuing support, as we seek a way to continue to provide a quality service in our region.

bk

The Testimony of

STEWART GRABEL
Treasurer of the
NATIONAL ASSOCIATION OF
NUTRITION AND AGING SERVICE PROGRAMS

and

Director of
COCHISE AGING SERVICES
OF
CATHOLIC COMMUNITY SERVICES OF SOUTHERN ARIZONA, INC.

P.O. Box 1777
Bisbee, AZ 85603

Submitted to
UNITED STATES SENATE
Committee on Labor and Human Resources
Subcommittee on Children, Family, Drugs and Alcoholism

St. Petersburg Beach, Florida

June 21, 1986

On behalf of the National Association of Nutrition and Aging Service Providers, and my agency Cochise Aging Services of Catholic Community Services of Southern Arizona, Inc., I'd like to thank you for inviting me to testify before you today.

Cochise Aging Services, in addition to home care services, transportation, and case management, provided prior to last month, over 650 meals per day to the elderly and handicapped of Cochise County, in the southeastern corner of Arizona. At which time we reduced our level of service to 600 meals per day, a drop of about 12,000 meals annually. This drop is a result of the loss of revenues from several sources:

1. Graham-Rudman budget cuts to Older Americans Act funds.
2. The end of Federal Revenue Sharing with local governments who used that money to fund local social services such as our program.
3. The loss of over $6,000 in U.S.D.A. reimbursement for commodities for fiscal year 1985.

We will have to close one of our sites in the low income hispanic community of Pirtleville. Since over 50% of our meals go to home bound individuals, many meals on wheels will be lost. Our staff is having to decide whether to cut off meal deliveries to the recently hospitalized and released 78 year old artheritic client or the 80 year old woman dying of cancer who wishes to spend her remaining days in her own home.

We will, for the time being, be unable to accept referrals from hospitals for new clients who under the D.R.G. system are discharged as needing no further hospitalization and are unable as yet to adequately take care of their wounds, let alone prepare a nutritious meal.

This may seem melodramatic to you, but the members of my staff charged with this task have not slept well at all since we began this process.

The U.S. Department of Agriculture's retroactive reduction of its Older Americans Act reimbursement level is to many programs a devistating blow. That is, even if we followed all the rules and lived within our budgets we are left with a hole we had no control over. Many projects are simply without the means to fill this gap, especially since it occurs after the fact. My agency will show less revenues than expenditures for fiscal year 1985. Some states have maintained the \$.5676 level in fiscal year 1985 but have already told service providers that the fiscal year 1986 level will be reduced in order to catch up, even if U.S.D.A. honors the congressional intent of the \$.5676 per meal rate in 1986.

We feel that the statistics generating the reduction in U.S.D.A. reimbursements for Older Americans Act meals do not take into account the reductions in service that are only now being felt. In a recent survey taken by N.A.N.A.S.P., 10 of 12 states reporting meals on a quarterly basis showed a reduction in meals produced in that second quarter of fiscal year 1985. Of twenty states responding to the question of cuts in service in fiscal year 1986, fourteen were already planning for additional cuts, three were not sure what would happen and only three were not planning on cuts due to support from their states.

In this day and time, it is difficult enough finding the resources and personnel to provide services to those in need, without discovering that the funds we were told would be there, are not. But the difficulty we face as service providers is nothing compared with that of the clients and patients in need of our services, who worked hard all their lives. Many of our clients arrived in Arizona by covered wagons. Some remember hearing the stories of Tombstone from their folks when they were kids. They do not understand why they just can't seem to make it today, and why some of the help they were getting is being taken away.

Thank you again for this opportunity, and I hope we can at least restore the reimbursement level to where we expected it to be.

Respectfully submitted,

Stewart Grabel, Treasurer
N.A.N.A.S.P.

SG:cet

REAUTHORIZATION OF THE OLDER AMERICANS ACT

TUESDAY, AUGUST 12, 1986

U.S. SENATE,
SUBCOMMITTEE ON AGING,
COMMITTEE ON LABOR AND HUMAN RESOURCES,
Washington, DC.

The subcommittee convened, pursuant to notice, at 10:30 a.m., in room SD-430, Dirksen Senate Office Building, Senator Charles E. Grassley (chairman of the subcommittee) presiding.

Present: Senators Grassley and Pell.

OPENING STATEMENT OF SENATOR GRASSLEY

Senator GRASSLEY. I appreciate very much everyone's patience, both witnesses as well as people who are here to observe. We just completed a vote on the Boren amendment on campaign contributions, and it was a very important vote, and the entire Senate was delayed for the consideration of that issue.

So it is my pleasure to say good morning to you and ask you to come to order, and I hope you know that I am Chuck Grassley, chairman of the Subcommittee on Aging. It is this subcommittee of the Senate Committee on Labor and Human Resources that has convened this hearing. Our purpose today is to identify the main issues which the Congress should be considering as we move forward with the reauthorization of the Older Americans Act. We will in this way begin to develop a record to support the reauthorization which should be complete before September 30, of 1987.

With respect to the issues we should be considering, I think I should start by pointing out that the last two reauthorizations of the act, in 1984 and 1981, when contrasted with the 1978 amendments, could fairly be described as fine-tuning exercises.

One of the first questions that I think we need to get an early answer to, and hence this hearing for our next set of amendments, is whether there is interest in more wide-ranging changes in the legislation than what we adopted in the last two authorizations. This possibility arises because there have been since the last reauthorization important changes in the environment of the Older Americans Act network which may have implications for the work which the network should be doing.

For example, does the Medicare prospective payment system mean that the network should be more strongly oriented to hospital discharge planning or to sponsoring and monitoring home health care activities? Should we undertake a new generation of nursing home reform, including expansion of the responsibilities of the Older Americans Act Nursing Home Ombudsman Program?

Now, questions such as these, and of course not limited to these, seem to be promoting discussion of the possible need for new titles or subtitles of the act.

As we consider such questions, we need to keep in mind that large additional funds may not be available for any new programs. This in turn leads to questions about whether we should make stronger efforts to find funds for the Older Americans Act programs, perhaps through more stress on contributions from program participants. That is just one suggestion. I am sure that we will hear more about these and other issues today.

Let me just take a moment to comment on the place of this hearing in this reauthorization process, now well over a year before authorization ends. Part of the comment deals with the scheduled adjournment of Congress in early October, and lack of knowing whether or not we are going to have a "lame duck" session, and the fact that Congress probably will not reconvene until around January 20 of next year. After that, we know it usually takes considerable time to get organized. So we probably should not expect a resumption of hearings on the Senate side, anyway, before the middle of February or early March.

Therefore, this early hearing is a very important opportunity to get on the record what some of those most interested in the Older Americans Act think the Congress should be considering in the way of changes to that Act.

I am aware that it is still early for the administration and for some of the organizations interested in the Older Americans Act to have developed formal reauthorization recommendations. Many of these organizations, however, have been hard at work developing such recommendations and will be able to lay out for us today what they think are some of the most important matters that we should be considering as we go forward with the reauthorization.

In addition, as usual, we are not able to accommodate in the context of a single hearing many individuals and organizations whose contributions to this discussion would be very valuable as we consider reauthorization and people that this subcommittee needs to hear from. Therefore, I have written to a large number of organizations and associations and asked them to give us for the hearing record a five-page summary of what they think are the key issues we should be considering.

I should point out also that the National Association of Nutrition and Aging Services Programs presented testimony on the reauthorization in Florida before a hearing of this Subcommittee chaired by Mrs. Hawkins. Several of the native American groups have presented testimony on the Older Americans Act at field hearings of the Special Committee on Aging.

I hope the record that we create with this hearing, with the testimony of witnesses, solicited statements of interested parties, and the answers to questions which our witnesses will give today and in writing, together with the other hearings I just mentioned, will be helpful to members of Congress and congressional staff, and to the community outside of the Congress which is interested in improving the ability of the Older Americans Act network to serve older people.

With that, I would now call our first panel of witnesses.

The panel will consist of the New Commission on Aging, Carol Fraser Fisk, and Ms. Ingrid Azvedo, chairman of the Federal Council on Aging.

We of course as a committee want to congratulate Carol. As a consequence of the Senate action this weekend, she is no longer in the capacity of just Acting Commissioner, and it looks as though some good can come of weekend sessions after all. I imagine you are relieved to get out of that "acting" status into full-time.

Also, in the case of the chairman of the Federal Council on Aging, we are glad to hear from you as well, Ms. Azvedo.

I hope my staff has advised you to limit your statements to a summary of 5 minutes, also reminding you that we will have your full statements put in the record as submitted. Then, also, you do not need to waste a lot of time thanking us for the opportunity and all those sorts of good things that go on and make Senators feel good. You do not have to worry about making this Senator feel that way, because it is the other way around. We ought to appreciate your contribution to this Act.

So we will go in the way in which you were introduced, so Commissioner, would you be first?

STATEMENT OF CAROL FRASER FISK, COMMISSIONER, ADMINISTRATION ON AGING, DEPARTMENT OF HEALTH AND HUMAN SERVICES, WASHINGTON, DC, AND INGRID AZVEDO, CHAIRMAN, FEDERAL COUNCIL ON AGING, WASHINGTON, DC, ACCOMPANIED BY PETE CONROY

Ms. **Fisk**. Good morning, Senator, and thank you for that introduction.

I cannot not take the opportunity to thank you for convening this early discussion of these important issues.

We have presented a statement for the record. Let me echo the point that you made. As you said in your opening remarks, I am unable at this point to discuss specifics regarding the administration's proposal, since that material is currently within the Department and OMB review and clearance process.

However, let me assure you that we do support reauthorization and that it has both my personal commitment and that of this administration to continuing a strong, viable and responsive Older Americans Act.

Let me touch on just a couple of points of activities we have been involved in and will continue to be involved in, and then turn very quickly to the issues.

The Administration on Aging has put, since the beginning of my tenure, reemphasis on various programmatic activities where we put discretionary dollars as well as personal efforts. We will continue these activities in the following areas: Improving the visibility of State and area agencies on aging so that families, older people, friends, and neighbors know where to turn and know that there is a comprehensive system out there that can help them stay independent and in their own homes; continue work on building a full continuum of services to older people; continuing using our influence, resources, and manpower to help bring the public, private, and voluntary sectors together so that we can more effectively serve older people through better communication, collaboration, and cooperation; continuing our efforts to target assistance and provide special help to the most vulnerable older persons; continue efforts to improve accessibility to services for older people and their families; continue to work with local communities and through the State units on aging to improve overall responsiveness by local systems in response to older people's needs.

There are, as you said, a number of evolving issues that we think we must face as we look at reauthorization and the questions related to that. Let me touch on a number of these, briefly.

As currently worded, the Act does not permit sufficient flexibility in discretion that would enable State and area agencies to use title III funds to develop more comprehensive and coordinated service delivery mechanisms or to better target on the vulnerable elderly in their jurisdictions.

Since it is apparent that the demand for services will continue to increase, decisions will have to be made as to how to best target funds, especially if we are to reach the vulnerable elderly.

In addition, the provision of home- and community-based care for older individuals is, as you said in your opening remarks, so very important to their continued independence. We need to look at more methods to encourage and stimulate different and better arrangements for improving accessibility and efficiency of these types of services.

States need flexibility to determine what the priority services are in their geographic areas in order to better support and develop comprehensive and coordinated community-based service delivery systems. Given the available Federal, State, local, and private resources, States should have added flexibliity to determine how funds are distributed.

States also need flexibility in order to determine how best to develop alternate community and family based service systems and adjust service area boundaries to accommodate the development of more cost-effective methods of administration.

And finally, State funding formulas should more effectively target on those most in need and most vulnerable.

We at the Administration on Aging and those individuals and organizations that are part of the national network on aging are currently striving to build the kind of responsive system of family and community based services that we need for our growing older population now and at the turn of the century, which is just 14 years away.

I thank you again, Senator, and the committee, for the opportunity to share some of our thoughts on the accomplishments and some of the issues that we face as we strive to build a stronger and more responsive family and community based system of care.

We look forward to continuing to work closely with you in assuring that growing old in America is indeed a positive experience for all of us, today and in the future.

Thank you.

[The prepared statement of Ms. Fisk and responses to questions submitted by Senator Grassley follow:]

STATEMENT BY

CAROL FRASER FISK

ACTING COMMISSIONER ON AGING

BEFORE THE

SUBCOMMITTEE ON AGING

COMMITTEE ON LABOR AND HUMAN RESOURCES

UNITED STATES SENATE

AUGUST 12, 1986

WASHINGTON D.C.

GOOD MORNING SENATOR GRASSLEY, I AM PLEASED TO HAVE THE OPPORTUNITY TO DISCUSS WITH YOU AND THE OTHER MEMBERS OF THE COMMITTEE THE REAUTHORIZATION OF THE OLDER AMERICANS ACT. AS YOU KNOW, I AM UNABLE TO DISCUSS SPECIFICS REGARDING THE REAUTHORIZATION PROPOSALS ON THE OLDER AMERICANS ACT, SINCE THAT MATERIAL IS CURRENTLY WITHIN THE DEPARTMENTAL AND OMB REVIEW AND CLEARANCE PROCESS. HOWEVER, WE DO SUPPORT REAUTHORIZATION, AND I CAN ASSURE YOU OF BOTH MY PERSONAL COMMITMENT AND THAT OF THIS ADMINISTRATION TO A STRONG, VIABLE, AND RESPONSIVE OLDER AMERICANS ACT.

I BELIEVE THAT THE OLDER AMERICANS ACT PASSED BY THE CONGRESS MORE THAN 21 YEARS AGO THIS PAST JULY IS ONE OF THE MOST IMPORTANT PIECES OF LEGISLATION FOR OLDER PERSONS EVER PASSED. THE OLDER AMERICANS ACT HAS BEEN ENORMOUSLY SUCCESSFUL IN SERVING THIS NATION'S RAPIDLY GROWING OLDER

POPULATION, AND I AM PROUD TO HAVE SERVED IN OLDER AMERICANS ACT FUNDED PROGRAMS SINCE 1972.

IN 1965 THE APPROPRIATION LEVEL WAS ONLY $7.5 MILLION. TODAY, THE OLDER AMERICANS ACT APPROPRIATIONS TOTAL ALMOST $983,403,000. VARIOUS AMENDMENTS TO THE ACT HAVE PUT IN PLACE A NETWORK OF 57 STATE AND TERRITORIAL AGENCIES, 662 AREA AGENCIES ON AGING, AND MORE THAN 26,000 SERVICE PROVIDERS NATIONALLY.

AS YOU ARE AWARE, AOA ANNUALLY AWARDS GRANTS TO STATES TO FOSTER THE DEVELOPMENT OF COMPREHENSIVE AND COORDINATED SERVICE SYSTEMS TO SERVE OLDER AMERICANS IN ORDER TO ."... (1) SECURE AND MAINTAIN MAXIMUM INDEPENDENCE AND DIGNITY IN A HOME ENVIRONMENT FOR OLDER INDIVIDUALS CAPABLE OF SELF-CARE WITH APPROPRIATE SUPPORTIVE SERVICES; (2) REMOVE INDIVIDUAL AND SOCIAL BARRIERS TO ECONOMIC AND PERSONAL INDEPENDENCE FOR OLDER

INDIVIDUALS; AND, (3) PROVIDE A CONTINUUM OF CARE FOR THE VULNERABLE ELDERLY."

THE ADMINISTRATION ON AGING IS VERY PROUD OF THE CONTRIBUTIONS MADE BY THE NATIONAL NETWORK ON AGING TO IMPROVE THE QUALITY OF LIFE FOR OLDER AMERICANS WITH BOTH THE SUPPORTIVE AND NUTRITION SERVICES AUTHORIZED BY THE OLDER AMERICANS ACT.

DURING THE REMAINDER OF FY 1986 AND INTO THE NEXT SEVERAL YEARS, THE ADMINISTRATION ON AGING IS EMBARKING UPON RENEWED AND MORE AGGRESSIVE EFFORTS TO ASSIST VULNERABLE AND FRAIL OLDER PERSONS AND THEIR FAMILIES IN FINDING APPROPRIATE HELP TO MAINTAIN THEIR INDEPENDENCE WITHIN THEIR OWN COMMUNITIES FOR AS LONG AS POSSIBLE AND TO DELAY OR PREVENT UNNECESSARY INSTITUTIONALIZATION. THIS INCLUDES NOT ONLY A BROAD RANGE OF SUPPORTIVE SERVICES, BUT THE NECESSARY NUTRITION SERVICES WHICH THESE OLDER PERSONS MAY REQUIRE.

WE BELIEVE THAT THIS CAN BE ACHIEVED BEST BY PROVIDING STATE AND AREA AGENCIES WITH THE FLEXIBILITY THAT WOULD ALLOW THEM TO BUILD LOCAL SYSTEMS WHICH ARE HIGHLY VISIBLE, EASILY ACCESSIBLE TO OLDER PERSONS, AND RESPONSIVE TO THE NEEDS OF OLDER AMERICANS, PARTICULARLY THE MOST VULNERABLE. THESE COMMUNITY SYSTEMS MUST ALSO BE TAILORED TO MEET THE NEEDS AND SPECIAL CIRCUMSTANCES OF INDIVIDUAL COMMUNITIES. TO BE SUCCESSFUL, COMMUNITY SYSTEMS MUST BE SUPPORTED BY A WIDE RANGE OF PUBLIC, PRIVATE, VOLUNTARY, AND RELIGIOUS ORGANIZATIONS AS WELL AS BY DEDICATED INDIVIDUALS. THESE SYSTEMS MUST PROVIDE A RANGE OF SERVICES TO HELP ALL OLDER PEOPLE - THE INDEPENDENT, THE SEMI-INDEPENDENT, AND THOSE TOTALLY DEPENDENT ON OTHERS FOR THEIR CARE.

WE WILL WORK WITH STATE AND AREA AGENCIES TOWARD DEVELOPING AND REFINING SYSTEMS IN WHICH ALL OF THE PIECES SUPPORT THE WHOLE, AND WHERE ALL OF THE PLAYERS ARE AWARE OF AND SUPPORT EACH OTHER. THESE EFFORTS WILL FOCUS ON STRENGTHENING THE ROLES OF STATE AND AREA AGENCIES ON AGING AS CATALYSTS, INFORMATION AND REFERRAL CENTERS, AND AS BROKERS OF SERVICES. THE ADMINISTRATION ON AGING'S MAJOR PROGRAMMATIC AND DISCRETIONARY ACTIVITIES WILL INCLUDE THE FOLLOWING EMPHASES:

O IMPROVING THE VISIBILITY OF AREA AGENCIES ON AGING SO THAT OLD PEOPLE, THEIR FAMILIES, FRIENDS, AND NEIGHBORS WILL KNOW THAT THERE IS A COMPREHENSIVE SYSTEM AVAILABLE WITHIN THEIR OWN COMMUNITY, IN COMMUNITIES ACROSS THE NATION, AND, HOW TO ACCESS IT;

O PROVIDING A FULL CONTINUUM OF SERVICES FOR THE ELDERLY, INCLUDING INFORMATION SHARING, SENIOR CENTERS, SUPPORTIVE AND IN HOME SERVICES, NUTRITION SERVICES, AND QUALITY INSTITUTIONAL CARE. THIS CONTINUUM OF CARE MUST BE BUILT UPON STRONG PARTNERSHIPS BETWEEN THE PUBLIC, PRIVATE, VOLUNTARY, AND RELIGIOUS SECTORS;

O LINKING THESE SECTORS MORE EFFECTIVELY SO THAT BETTER COMMUNICATION, COLLABORATION, AND COOPERATION WILL OCCUR IN UNDERSTANDING AND MEETING THE NEEDS OF THE ELDERLY AND THEIR FAMILIES. A SUCCESSFUL SYSTEM IS BUILT UPON A COMMON UNDERSTANDING OF THE NEEDS OF THE ELDERLY, THEIR FAMILIES AND CAREGIVERS, AND KNOWLEDGE OF AVAILABLE THE RESOURCES TO RESPOND TO THOSE NEEDS;

- TARGETING ASSISTANCE AND SPECIAL HELP TO THE MOST VULNERABLE OLDER PERSONS IN DANGER OF LOSING THEIR INDEPENDENCE. ALL OF US MUST DO WHAT IS FEASIBLE IN HELPING ALL OLDER PERSONS TO REMAIN INDEPENDENT IN THEIR HOMES AND COMMUNITIES FOR AS LONG AS POSSIBLE;

- IMPROVING ACCESSIBILITY TO SERVICES BY THE ELDERLY AND THEIR FAMILIES; AND RESPONDING TO REQUESTS FOR ASSISTANCE BY OLDER PERSONS AND THEIR FAMILIES IN A MANNER APPROPRIATE TO THEIR CAPACITY TO DRAW UPON THEIR OWN RESOURCES; AND,

- IMPROVING OVERALL RESPONSIVENESS BY LOCAL SYSTEMS TO THE NEEDS OF EACH INDIVIDUAL WHO REQUIRES HELP, THAT IS, MAKING CERTAIN THAT ALL WHO REQUEST AND TRULY NEED HELP WILL RECEIVE TIMELY AND APPROPRIATE ATTENTION FROM POINT OF CONTACT WITH THE AGING SERVICES SYSTEM THROUGH FOLLOW-UP.

MILLIONS OF AMERICANS ARE CURRENTLY BEING PROVIDED WITH SERVICES UNDER THE OLDER AMERICANS ACT THAT MAKE THEIR LIVES EASIER AND HELP THEM MAINTAIN THEIR INDEPENDENCE. MUCH HAS BEEN DONE, BUT THERE IS MORE LEFT TO DO. THERE ARE WAYS WE CAN EXTEND AND STRENGTHEN THE SYSTEM OF SERVICES TO OLDER INDIVIDUALS IN AMERICA. ALTHOUGH, AS I SAID EARLIER, I AM NOT ABLE TO DISCUSS THE ADMINISTRATION'S SPECIFIC PROPOSALS AT THIS TIME, I BELIEVE THERE ARE SOME EVOLVING ISSUES THAT WE MUST FACE TODAY IN ORDER TO PREPARE FOR THE FUTURE.

O AS CURRENTLY WORDED THE ACT DOES NOT PERMIT SUFFICIENT FLEXIBILITY AND DISCRETION THAT WOULD ENABLE STATE AND AREA AGENCIES TO USE TITLE III FUNDS TO DEVELOP MORE COMPREHENSIVE AND COORDINATED SERVICE DELIVERY SYSTEMS, OR TO BETTER TARGET ON THE VULNERABLE ELDERLY IN THEIR JURISDICTIONS.

- SINCE IT IS APPARENT THAT THE DEMAND FOR SERVICES WILL CONTINUE TO INCREASE, DECISIONS WILL HAVE TO BE MADE AS HOW TO BEST TARGET FUNDS, ESPECIALLY IF WE ARE TO REACH THE VULNERABLE ELDERLY.

- THE PROVISION OF HOME AND COMMUNITY BASED CARE FOR OLDER INDIVIDUALS IS SO IMPORTANT TO THEIR CONTINUED INDEPENDENCE THAT WE NEED TO LOOK AT METHODS TO ENCOURAGE AND STIMULATE DIFFERENT AND BETTER ARRANGEMENTS FOR IMPROVING ACCESSIBILITY AND EFFICIENCY OF THESE TYPES OF SERVICES.

- STATES NEED THE FLEXIBILITY TO DETERMINE WHAT THE PRIORITY SERVICES ARE IN THEIR GEOGRAPHIC AREAS IN ORDER TO BETTER SUPPORT AND DEVELOP COMPREHENSIVE AND COORDINATED COMMUNITY BASED SERVICE DELIVERY SYSTEMS. GIVEN THE AVAILABLE FEDERAL, STATE, LOCAL, AND PRIVATE RESOURCES, STATES SHOULD HAVE ADDED FLEXIBILITY TO DETERMINE HOW FUNDS ARE DISTRIBUTED.

- O STATES NEED THE FLEXIBILITY TO DETERMINE HOW BEST TO DEVELOP ALTERNATIVE COMMUNITY AND FAMILY BASED SERVICE SYSTEMS AND ADJUST SERVICE AREA BOUNDARIES TO ACCOMMODATE THE DEVELOPMENT OF MORE COST EFFECTIVE METHODS OF ADMINISTRATION.

- O STATE FUNDING FORMULAS SHOULD MORE EFFECTIVELY TARGET ON THOSE MOST IN NEED AND MOST VULNERABLE.

WE AT THE ADMINISTRATION ON AGING, AND THOSE INDIVIDUALS AND ORGANIZATIONS THAT ARE A PART OF THE NATIONAL NETWORK ON AGING, ARE CURRENTLY STRIVING TO BUILD THE KIND OF RESPONSIVE SYSTEM OF FAMILY- AND COMMUNITY-BASED SERVICES THAT WE WILL NEED FOR OUR GROWING OLDER POPULATION NOW AND AT THE TURN THIS CENTURY, JUST FOURTEEN YEARS AWAY.

I WANT TO THANK YOU, SENATOR GRASSLEY, AND THE COMMITTEE FOR THE OPPORTUNITY TO SHARE SOME OF THE IMPORTANT ACCOMPLISHMENTS OF THE OLDER AMERICANS ACT AND SOME OF THE ISSUES WE ALL FACE AS WE STRIVE TO BUILD A STRONG AND RESPONSIVE FAMILY AND COMMUNITY BASED SYSTEM OF SERVICES FOR OLDER AMERICANS. I LOOK FORWARD TO CONTINUING TO WORK CLOSELY WITH YOU IN ASSURING THAT GROWING OLD IN AMERICA IS INDEED A POSITIVE EXPERIENCE FOR ALL OF US, TODAY AND IN THE FUTURE.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of
Human Development Services

Office of Assistant Secretary
Washington DC 20201

OCT 1 1986

The Honorable Charles E. Grassley
Chairman, Subcommittee on Aging
Committee on Labor and Human Resources
United States Senate
Washington, D.C. 20510

Dear Mr. Chairman:

Enclosed please find the answers to the six questions which you sent for my response following the hearing on the reauthorization of the Older Americans Act before your Subcommittee on August 12, 1986. I appreciated having the opportunity to participate in the hearing and certainly look forward to working with you and other interested Members of Congress as the reauthorization process continues.

Please let me know if you need further information or if I can be of help in any other way.

Sincerely,

Carol Fraser Fisk

Carol Fraser Fisk
Commissioner on Aging

Enclosures

Q. Some organizations have been discussing a 1991 White House Conference on Aging. Does the Administration support the idea of such a Conference?

A. We in the Department of Health and Human Services intend to work very closely with both Houses of Congress in developing the 1987 Amendments to the Older Americans Act. In this process, we will, of course, give careful consideration to proposals for including a legislative authorization for a White House Conference on Aging in the final package.

Q. From your perspective as someone who has worked in the field for some years, most recently as Commissioner on Aging, do you think that there is a need for such a [White House] Conference [on Aging] at this stage of the development of public policy for older persons?

A. First, the Department of Health and Human Services will certainly work closely with Congress in reviewing any legislative proposals which would authorize such a conference.

In addition, I would like to say that a major national conference which explores a wide range of issues may not be the most useful alternative for us to consider at this stage in the development of aging policy. On the other hand, a Conference which focuses on a particular theme of interest and concern to older persons (rather than broad ranges of topics such as those examined during the Conferences held in 1961, 1971, and 1981) might be more productive at this time. I would like for us to consider seriously this type of "focused" conference as we examine the desirability of a national-level conference on aging.

Q. Does the Administration on Aging make any effort to reach the homeless elderly? Has the AoA awarded any grants for projects designed to help the homeless? Is information provided to private and religious organizations which serve the homeless?

A. Under the provisions of the Older Americans Act of 1965, as amended, AoA administers programs designed to foster the development of visible, responsive community-level service systems targeted on the needs of the most vulnerable elderly, those in danger of losing their independence. While the percentage of homeless persons who are elderly is low (estimated under 10%) the homeless elderly are, of course, among the most vulnerable older persons whose needs our community-based service programs must address.

To assist in overcoming the problems of homelessness among the elderly in the Washington, D.C. area, AoA has joined with two other DHHS components (the Alcohol, Drug Abuse and Mental Health Administration and the Office of Community Services) to provide support for the "Shelter for the Homeless Project." The "Shelter" effort is sponsored by the Coalition for the Homeless, Inc. of the District of Columbia and is designed to develop and carry out a comprehensive program to meet the interrelated needs of homeless Washingtonians.

AoA's role in the joint venture is to demonstrate the means by which homeless individuals 60 years of age and older can receive immediate supportive services to meet their basic needs and also gain access to other services designed to address their longer-term problems. To this end, AoA is working with the Coalition to assist them in identifying the needs of the aging population served by the project and in arranging for appropriate supportive services, including nutrition, health, counseling and recreational services. In addition, AoA is making special efforts to determine ways in which the homeless aging population can be integrated into local programs which are operated with existing Federal and community support.

Concerning the provision of information to religious and other private organizations serving the homeless, AoA supports efforts by State and Area Agencies on Aging to gather and disseminate data about the needs of older persons and the resources available to meet those needs, including the needs of homeless older persons, as well as those older persons in danger of becoming homeless.

Q. Ms. Fisk, in your testimony, you listed as one of your goals improving accessibility to services by the elderly and their families. That is also one of my principal interests. Are you aware of any groups of elderly people who are having a difficult time obtaining services?

A. As the Administration on Aging seeks to help communities across the country build accessible, responsive service systems targeted on the needs of the vulnerable elderly, we are acutely aware that we have to be especially attentive to those older persons, such as members of minority groups, those living alone, the "old old," and those affected by language barriers, who may find it particularly difficult to access available services. We believe that we are making good progress towards our goal of assuring that, in each community, our service systems are fully accessible to any older person living there. At this time we are not aware of any group of older persons which is systematically excluded from taking advantage of services which our community-based systems provide.

Q. It has been reported to me that the participation of minority group members in Older Americans Act programs has been declining for several years. In some cases, there has been a 15-20 percent decline. Are you able to confirm that? What do you believe has caused this decline in participation?

A. Data reported to AoA from the States shows that, in 1985, older members of minority groups comprised 16.5% of the participants in the Social Services and Senior Centers programs supported with Title III-B funds as compared with 19% in 1980. Similarly, the minority elderly constituted 16% of the Congregate Meals (Title III-C-1) participants and 17% of the Home Delivered Meals (Title III-C-2) participants in 1985, compared with 19% of Nutrition Program participants in 1980. As you know, AoA has been actively working with State and Area Agencies on Aging in recent years to improve their capacity to secure accurate program participation data. Therefore, the changes in participation rates for older members of minority groups may be due more to improved data gathering and reporting procedures and less to any substantial decrease in minority participation.

Furthermore, we have assisted and encouraged the States in taking active measures to assure that minority participation in these programs is increased wherever possible. To summarize from the reports which we received from the States about the minority participation initiatives they launched in FY 1985, specific actions included increased outreach to older minorities, increased targeting of nutrition sites in areas where minority populations live, strengthened advocacy efforts, increased participation by minority elderly on advisory councils, expansion of employment opportunities for minorities within network agencies, increased use of minority contractors, revisions of intrastate funding formulas and increased collaboration with Historically Black Colleges and Universities (HCBU's).

AoA remains committed to assuring that the community-based systems of services for older persons which we are striving to establish and strengthen in every community across the country will be fully accessible to the minority elderly and responsive to their needs.

Q. A background paper prepared for the Subcommittee by the Congressional Research Service noted that minority participation in the Older Americans Act program, according to AoA statistics, has decreased in the Social Services programs from 19 percent of the total participation in 1979 to 16.5 percent in 1985, and in the total nutrition program from 27 percent to 16 percent in the Congregate Program and 17 percent in the Home-Delivered Program. Do you know why there has been this decline over this period and is this a matter of concern?

A. The decrease in reported minority group participation rates may be due in part, perhaps in large measure, to improvements in the capacity of States and communities to track participation more accurately. As you know, we have worked with State and Area Agencies on Aging over the years to help enhance their ability to monitor and report on program participation. We believe that the counts we now receive from the field are more accurate than those available in the past. Therefore, changes in numbers and participation rates over the time period referenced in your question may point less to reduced participation by minority group members than to increased accuracy in program statistics.

Let me note, however, that we are not satisfied simply to speculate on what the changes in reported participation rates may reflect. In order to help assure that older minorities do, in fact, have full and complete access to Title III services, AoA launched an initiative in FY 1985 to increase minority participation. Through this initiative we have assisted and encouraged the States in taking active measures to assure that minority participation in these programs is increased wherever possible. To summarize from the reports which we received from the States about the minority participation initiatives they launched in FY 1985, specific actions included increased outreach to older minorities, increased targeting of nutrition sites in areas where minority populations live, strengthened advocacy efforts, increased participation by minority elderly on advisory councils, expansion of employment opportunities for minorities within network agencies, increased use of minority contractors, revisions of intrastate funding formulas and increased collaboration with Historically Black Colleges and Universities (HCBU's).

Senator GRASSLEY. Thank you very much.

Ms. Azvedo, are you under time constraints?

Ms. AZVEDO. No; I am not.

Senator GRASSLEY. Commissioner Fisk has to leave at 11. Would you mind if I asked her some questions now?

Ms. AZVEDO. Go right ahead.

Ms. FISK. Thank you, Ms. Azvedo.

Senator GRASSLEY. I would first like to ask you a very general and, quite frankly, open-ended question. What do you envision the role of the Administration on Aging to be in the coming years? I would like to have you look at this from two standpoints—one, the Commission and your Agency in relationship within the Federal Government, of leadership; and then second, as it interacts with State and local area agencies.

Ms. FISK. I would be happy to do so. At both levels, both in interaction within the federal system, and joining with our partners at the State and local levels, our major task is to work with you in advocating with and for older people.

At the Federal level, I think our job and in fact our mandate, is to influence other parts of the Federal Government such that they will craft their programs in a way that supports the State and community programs that we are trying to strengthen throughout this Nation.

Within the Federal Government we have a number of other organizations that influence the lives of older people, perhaps even more directly than those of us funded under the Older Americans Act, and those are the organizations to whom we are now reaching out to build stronger partnerships, so that the day-to-day lives of older people are of the highest quality now and in the future.

Our interaction with the State and local units on aging is to provide them support; to provide them resources through the discretionary programs; to provide what leadership we can to influence others so that their job at the front line is easier. And we are working with them now, as we do each year, to craft stronger opportunities for them to build community systems that respond to older people.

Senator GRASSLEY. I assume you have been aware of some concern from local and area agencies as to whether or not there has been enough leadership from the Federal level. Are you aware of that, and if you are aware of it, do you anticipate changes to correct that as far as your interactions with them are concerned?

Ms. FISK. Well, I can only comment on my plans.

Senator GRASSLEY. OK.

Ms. FISK. I have some plans to forge stronger partnerships with other Federal agencies that I hope will indeed enhance the ability of State and area agencies to build stronger systems of response in local communities. That includes cooperative working opportunities both within the Department of Health and Human Services and in other departments.

Senator GRASSLEY. In your statement, you mentioned that the act as currently worded does not permit sufficient flexibility in discretion to the State and local areas. In 1984, one of the changes that we made was to allow the State to shift up to 30 percent of its title III funds among various categories of title III.

To what extent have the States taken advantage of this provision?

Ms. FISK. The provision, if I am correct, allows an increasing percentage. It began, if I am correct, that the percentage they could shift was 27 percent, and it is beginning to ratchet up, ultimately to allow a full 30 percent transfer.

In 1985, we had one State that was at the maximum level, and we also had an additional State that requested permission to go above the maximum level for 1985. In 1986, it is too soon to tell what number of States will be transferring either at the level or seeking permission to go above the level.

Senator GRASSLEY. Do you think that 30-percent provision ought to be still maintained for another 3 years?

Ms. FISK. I would advocate for allowing States to have maximum flexibility and would consider that they should have the full opportunity to transfer. I think we will see in 1986 more States pushing at that limit. I am not sure that giving them an additional 3 years under the stricture makes a great deal of difference. They will come to me and ask permission to go above it if they wish to. The law currently allows that.

Senator GRASSLEY. The Administration on Aging undertook in 1985 a demonstration project in two of the Federal regions in which the Administration on Aging's regional offices were merged with the regional offices of other agencies. Considerable concern has been expressed to the subcommittee to the effect that this indicates a move to eliminate or to merge the regional offices of the Administration on Aging with the regional offices of other human development service programs.

It seems to me obvious enough that if an agency undertakes a demonstration project with respect to the way it administers itself and finds that demonstration project works successfully, it will naturally want to expand the concept.

How is this demonstration project working, and what are your plans for instituting similar arrangements in the other Federal regions?

Ms. FISK. At the request of the Assistant Secretary, we did join, as you stated, in a test in the two regions that you have mentioned, II and V. Those tests began in spring of 1986, and we have been monitoring them extremely close because we are adamant in our desire to assure that States and area agencies continue to receive the highest level of services from those regional offices.

In both cases, the tests are ongoing, and there are no plans to use this organizational structure anywhere else in the Office of Human Development Services in another region that I am aware of.

We do monitor extremely close, and in fact our senior management under my supervision has been weekly, if not more often, in contact with the regional administrator in both of those regions to assure appropriate responsiveness. There will be a formal evaluation conducted as we come closer to the end of the test period to assess not only the responsiveness of the system internally, but more importantly for us, the responsiveness to States and area agencies in those two regions. I think at this time it is too early to draw any conclusions about the success or failure of the test. But I am personally, as well as my Associate Commissioner for State and Tribal Programs, actively involved in monitoring that on a regular basis.

Senator GRASSLEY. My last question, and then I will go on to the next witness. Apparently there has been some discussion recently about changing the basis of the Federal allotment to the States from a population threshold of 60 to a threshold of 70. Would this change the Federal dollars allocated to the States under the Older Americans Act to any great degree, and if so, could you tell us what States would lose and which would gain. On this latter point of specificity, maybe I ought to ask if there is information along that line that could be submitted in writing, but if you could answer the general question, if it is going to make a big shifting of money.

Ms. FISK. We have had a number of internal discussions, and as I said earlier, there is no formal administration proposal in terms of reauthorization.

We have looked at the possible effect of changing age; we have also looked at the other ramifications of using the more up-to-date population projections. There will be, in any changes, of course, some States that will lose resources and other States that will gain resources. But in any choice that the Senate makes, that the full Congress makes in terms of changing the act, I would hope that the choice would be made in a way that would allow the dollars to more closely follow where the population is in terms of vulnerable older people in this country.

And as I said, we do not have any proposal. We looked at a whole range of configurations, depending on a variety of options, and if you would care to share with us any particular options you are looking at, we would be glad to share with you the statistics that might follow any option that any one of us might choose to propose.

Senator GRASSLEY. In the discussions you have had so far, is there any intent to change the eligibility of those under 70 for services provided under the act?

Ms. FISK. I guess that would depend on what options the Secretary would choose to present to the President and him to you. We do not have any final proposal, so it is really hard for me to answer that.

Senator GRASSLEY. It would be possible, though, to change the threshold from 60 to 70 for the allocation of funds——

Ms. FISK. Yes.

Senator GRASSLEY [continuing]. And still leave it possible for people under 70 to be eligible for those programs. And so you are still saying it is in a state of flux, then.

Ms. FISK. Absolutely in a state of flux; yes, sir.

Senator GRASSLEY. Thank you very much.

Ms. FISK. Thank you.

Senator GRASSLEY. And as I indicated to you, I will probably have two or three questions to follow up in writing.

Ms. FISK. We would be happy to follow up in any way we can. With your permission, I would like to leave, if it would be all right.

Senator GRASSLEY. Yes; thank you very much for being here.

Ms. Azvedo, did I pronounce your name right?

Ms. **Azvedo**. You certainly did.

Senator **Grassley**. And do you want to introduce your loyal staff?

Ms. **Azvedo**. Yes; I would like to, Senator. I have with me my staff, Pete Conroy, this morning.

Senator **Grassley**. You know I do not know him very well.

Ms. **Azvedo**. That is what I understand. I am glad I have him and you do not have him anymore.

Congress has charged the Council with the responsibility to review and evaluate on a continuing basis Federal policies regarding the aging programs and other activities affecting the aging.

It is therefore incumbent upon the Federal Council on Aging to carefully examine the current issues regarding the reauthorization of the Older Americans Act.

Aware of this responsibility, the Council will undertake a review of the issues raised by Congress, the administration, the national aging network and organizations, the private sector, other State and local governmental entities, and the general public.

The great diversity present in the aging population dictates a broad range of options in responding to and defining the parameters of need for those individuals. As individual capacities and needs are considered, it becomes apparent that resources must be better targeted and prioritized to more effectively approach the differences in level of need. Resources are not unlimited and those with the greatest need must be of greatest concern.

The following is a general list of current issues involving the Older Americans Act which the Council believes may call for some changes in 1987. The Council has not made any firm decision on amendments. Such a firm list of recommendations will be available to the House and Senate authorizing committees early in the 1st session of the 100th Congress.

The Council is happy to share this Older Americans Act issue list with the Senate Aging Subcommittee on Labor in early preparation for reauthorizing this important legislation in 1987.

No. 1, reauthorization period.

The Council feels that a 5-year reauthorization period should be seriously considered by the Congress, because it allows for better long-range planning; minor amendments can be added during that period, and the act appears to be satisfactory as presently written essentially the same last 6 years.

No. 2, better targeting of vulnerable elderly.

The Council feels that some new language is needed allowing more flexibility for the Commissioner on Aging, State commissioners and area agencies on aging to deal with targeting services to the vulnerable elderly. This includes: support services, nutrition services, and increasing the threshold Older Americans Act age of 60 will not serve targeting purposes at this time.

No. 3, facilitate brokering role of aging network.

The Council feels that Federal dollars are frozen at current levels. The Older Americans Act network as community focal point must have the primary role in coordination of all community and family resources; stimulate supplementary sources of funding and services.

No. 4, native Americans need for both title III and title VI assistance.

The Council has met with representative native Americans tribal organizations and received extensive testimony on the needs of native American elders. Evidence calls for reducing or eliminating the rigidity in availability of title III funds to native Americans, especially in more rural settings.

No. 5, further accent Older Americans Act language, accenting most current demography.

The Council welcomed the start made in the 1984 Older Americans Act amendments in referencing the demographics of aging in America. The 1987 reauthorization language should accent current demographics; urge reliable input from State and local levels on a periodic basis, and data should help determine service and funding formulas developed by Agency on Aging and State departments on aging.

No. 6, simplify title IV language.

The Council feels that title IV language should project clarity of purpose for project categories. With further study, the Federal Council on the Aging will add recommendations to this in its final draft.

No. 7, Older Americans Act ombudsman language needs updating.

The Council is pleased with the active role presently being played by State Long-Term Care Ombudsman. The Council suggests fine-tuning language which reflects some additional State funding and administrative needs stimulated by new Health Care Financing Administrative PAC inspection regulations and expansion of home health services and organizations.

No. 8, clarify position of for-profit organizations in OAA.

The Council feels that with the private sector playing an ever-large role in providing services, funds and volunteers to this country's seniors, the act should clarify the role of for-profit in all OAA Programs funded all or in part by Federal funds.

No. 9, recognize intergenerational dependency.

The Council, in its 1985 annual report to the President, targeted this issue. The 1987 amendments should clarify the realities of this issue and direct that educational and community efforts reinforce this bonding of the generations.

No. 10, please, define the word "adequate" as the Congress has used it in the Older Americans Act.

The Council feels this will help in the writing of the OAA regulations as well as the administration of the Act.

No. 11, state clearly that area agency on aging director is a full-time job.

The Council has learned in certain jurisdictional affiliations the AAA director has been assigned duties other than those dealing with the Older Americans Act.

This is the one agency position that should have a capable person contributing 100 percent, of his, or her time, on seeing to the needs of that community's elders.

No. 12, organization and funding of a National Conference on Aging.

The Council is aware that there is discussion of a possible 1990-91 Conference on Aging following a pattern set by the 1961, 1971, and 1981 White House Conferences on Aging. Aware of the problems and expense—somewhere in the neighborhood of $12 to $13 million for the 1981 conference—the Council has publicly counseled a "go slow" policy on any plans for the 1990's. However, the Council is also aware that if such a conference is to be held, the Older Americans Act is the vehicle through which funding and a mandate are obtained.

The Council therefore offers the following observations:

A large, extensive national conference to create public awareness of aging issues is no longer necessary.

A single-theme agenda such as "Intergenerational Unity" or "The Family in an Aging Society" would not only target goals and needs of the future but limit the unwieldy numbers of participants, recommendations and expense that plagued the 1981 White House Conference.

The Federal Council on the Aging, an in-place organization mandated and funded under the OAA, nonpartisan advisory body whose membership is appointed by the President and both Houses of the Congress, might serve as national organizing body for any National Conference on Aging anticipated in the 1987 reauthorization and amendments to the Older Americans Act.

Thank you, Mr. Chairman.

[The prepared statement of Ms. Azvedo follows:]

HEARING

TESTIMONY GIVEN BY THE FEDERAL COUNCIL ON THE AGING ON THE REAUTHORIZATION OF THE OLDER AMERICANS ACT

BEFORE THE SUBCOMMITTEE ON AGING
SENATE COMMITTEE ON LABOR AND HUMAN RESOURCES

AUGUST 12, 1986
Room 430
Dirksen Senate Office Building
Washington, D.C.

Witness Representative for the
Federal Council on the Aging:

Ingrid Azvedo, Chairman
Elk Grove, California

Good Morning, Senator Grassley and members of the Senate Labor Subcommittee on Aging. My name is Ingrid Azvedo, my home is Elk Grove, California and I am chairman of the Federal Council on the Aging. I will read a short statement and then enumerate the issues the FCoA is studying in the Older Americans Act that MAY call for change in 1987.

Congress has charged the Council with the responsibility to "review and evaluate, on a continuing basis, Federal policies regarding the aging programs and other activities affecting the aging. . ." It is, therefore, incumbent upon the FCoA to carefully examine the current issues regarding the reauthorization of the Older Americans Act. Aware of this responsibility, the Council will undertake a review of the issues raised by Congress, the administration, the national aging network and organizations, the private sector, other State and local governmental entities, and the general public.

The Older Americans Act (OAA) was intended to stimulate the development of a comprehensive, coordinated approach to the diverse needs of the older population. This focus, however, has been diluted by attempting to address all of the concerns of various constituencies. The FCoA believes that the coordination of community programs and services in both the public and private sectors is vital to improving the quality of our country's response to the concerns of our aging population.

The great diversity present in the aging population dictates a broad range of options in responding to and defining the parameters of need for those individuals. As individual capacities and needs are considered, it becomes apparent that resources must be better targeted and prioritized to more effectively approach the differences in level of need. Resources are not unlimited and those with the greatest need must be of greatest concern.

The OAA has been amended ten times since its inception. Provisions of the original 1965 legislation were extended in 1967. The 1969 amendments strengthened the Title III community services programs and charged the State Agencies on Aging with Statewide responsibilities for planning, coordination, and evaluation of programs for older persons. The 1972 amendments created national nutrition programs and authorized grants to public and nonprofit sponsors for the development of congregate meal services. The creation of the Area Agencies on Aging was mandated by the 1973 amendments, in addition to the creation of the Federal Council on the Aging. Amendments made in 1974, 1975, and 1977 primarily extended the authority for continued program operation, and made a number of minor adjustments to the Act. The 1978 amendments further strengthened and expanded Title III of the Act by consolidating the social services, multipurpose senior center, and nutrition services portion of the Act. In addition, a separate authorization for home-delivered meals was made under Title III. Since the 1981 and 1984 amendments primarily extended the programs and made only minor changes. The 1984 amendments now allow for the Congress to select two-thirds of the membership on the FCoA. The 1987 reauthorization period is a time for careful review and amending to update the Act.

The following is a general list of current issues involving the OAA which the Council believes MAY call for some changes in 1987. The Council has not made any firm decision on amendments. Such a firm list of recommendations will be available to the House and Senate authorizing committees early in the first session of the 100th Congress. The Council is happy to share this OAA issue list with the Senate Aging Subcommittee on Labor in early preparation for reauthorizing this important legislation in 1987.

ISSUE AREAS BEING STUDIED BY THE FEDERAL COUNCIL ON THE AGING FOR RECOMMENDATIONS TO CONGRESS IN REAUTHORIZING THE OLDER AMERICANS ACT

1. Reauthorizationg Period

The Council feels that a five year reauthorization period should be seriously considered by the Congress,

(a) Allows for better long range planning.

(b) Minor amendments can be added during the period.

(c) The Act appears to be satisfactory as presently written essentially same 6 years.

2. Better Targeting of Vulnerable Elderly

The Council feels that some new language is needed allowing more flexibility for the Commissioner on Aging State Commissioners and Area Agencies on Aging to deal with targeting services to the vulnerable elderly. This includes:

(a) Support services

(b) Nutrition services

(c) Increasing the threshold OAA age of 60 will not serve targeting purposes at this time.

3. Facilitate Brokering Role of Aging Network

The Council feels that Federal dollars are frozen at current levels. The OAA network as community focal point must have the primary role in:

(a) Coordination of all community and family resources.

(b) Stimulate supplementary sources of funding and services.

4. Native Americans Need for Both Title III and Title VI Assistance

   The Council has met with representative Native Americans tribal organizations and received extensive testimony on the needs of native American elders - evidence calls for:

   (a) Reduce or eliminate the rigidity in availability of Title III funds to native Americans especially in more rural settings.

5. Further Accent OAA Language Accenting Most Current Demography

   The Council welcomed the start made in the 1984 OAA amendments in referencing the demographics of Aging in America - 1987 reauthorization language should:

   (a) Accent current demographics.

   (b) Urge reliable input from State and local levels on a periodic basis.

   (c) Data should help determine service and funding formulas developed by AoA and State Departments on Aging.

6. Simplify Title IV Language

   The Council feels that Title IV language should project clarity of purpose for project categories. With further study, the Federal Council on the Aging will add recommendations to its final draft.

7. OAA Ombudsman Language Needs Updating

The Council is pleased with the active role presently being placed by State Long-Term Care Ombudsman. The Council suggests fine tuning language which reflects some additional State funding and administrative needs stimulated by:

(a) New Health Care Financing Administrative PAC inspection regulations.

(b) Expansion of home health services and organizations.

8. Clarify Position of For-Profit Organizations in OAA

The Council feels that with the private sector playing an ever larger role in providing services, funds and volunteers to this country's seniors, the Act should:

(a) Illuminate the role of For-Profit in all AoA programs funded all or in part by Federal funds.

9. Recognize Intergenerational Dependency

The Council,in its 1985 Annual Report to the President targeted this issue, the 1987 amendments should:

(a) Clarify the realities of this issue.

(b) Direct that educational and community efforts reinforce this bonding of the generations.

10. Define the Word "Adequate" As The Congress Has Used It In The Older Americans Act

The Council feels this will help in the writing of the OAA regulations as well as the administration of the Act.

11. State Clearly that Area Agencies on Aging Director is a Full-Time Job

    The Council has learned in certain jurisdictional affiliations the AAA director has been assigned duties other than those dealing with the Older Americans Act.

    (a) This is the one agency position that should have a capable person contributing 100 percent of his/her time on seeing to the needs of that community's elders.

12. Organization and Funding of a National Conference on Aging

    The Council is aware that there is discussion of a possible 1990-91 Conference on Aging following a pattern set by the 1961-71-81 White House Conferences on Aging. Aware of the problems and expense ($12 - 13 million) for the 1981 conference), the Council has publicly counseled a "go slow" policy on any plans for the 1990's. However, the Council is also aware that if such a Conference is to be held, the Older Americans Act is the vehicle through which funding and a mandate are obtained.

    The Council therefore offers the following observations:

    (a) A large expensive national conference to create public awareness of aging issues is no longer necessary.

    (b) A single theme agenda such as "Intergenerational Unity" or "The Family in an Aging Society" would not only target goals and needs of the future but limit the unwieldly numbers of participants, recommendations and expense that plagued the 1981 White House conference.

    (c) The Federal Council on the Aging, an in place organization mandated and funded under the OAA, nonpartisan advisory body whose membership is appointed by the President and both houses of the Congress, might serve as national organizing body for any national conference on aging anticipated in the 1987 Reauthorization and amendments to the Older Americans Act.

Thank you, Mr. Chairman, that completes my testimony.

Senator GRASSLEY. Thank you, Ms. Azvedo.

Senator Pell, I would like to introduce you to this witness, the Chairman of the Federal Council on Aging, and Pete Conroy, the staff Director of that Agency.

If you have any statement you wish to make, I would be glad to defer to you at this time.

Senator PELL. Thank you very much, Mr. Chairman.

I would just congratulate you on organizing this hearing and taking the time to do it. It is a very important subject, and as you point out in your opening statement, we are going to be out of session for some months, so the more of this work we can get behind us, the better, the better the bill we will finally find ourselves voting for when the time comes.

I see old friends amongst the witnesses, and I am very delighted to see them.

Senator GRASSLEY. Thank you, Senator Pell.

I would like to ask you as Chairman, in your statement, you noted that the act appears to be satisfactory as presently written. And I understand that the Federal Council has been receiving comments on the act from many interested parties, as that is your responsibility.

Do you think that most of those from whom you have heard also feel that the act is satisfactory in the main as written?

Ms. AZVEDO. Well, Senator, I think nobody is ever totally satisfied with the way an act is written, but it seemed like during some of the hearings that we had, those that came to talk to us felt that we were moving in the right direction, and everyone is working well together.

Again, I would like to emphasize that nobody will ever be totally satisfied with the way it is written. We just felt that we would like to recommend to you not to have to have it reauthorized every 3 years, because if there is anything that needs to be taken up, it could be amended during a 5-year reauthorization would be a lot. You could put a lot of emphasis on pushing through a particular amendment, and that opportunity would be given to anyone.

Senator GRASSLEY. Thank you.

I would like to have you elaborate on a point you made that the Council does not think that raising the threshold of the Older Americans Act age, which is 60, will serve the objective of better targeting.

Ms. AZVEDO. We meet with many of the people across the nation, and hear the input and we seem to run up against the problem that a lot of our women in their sixties are divorced or widowed, and they seem to fall directly into that target age.

Also, we have not had enough demographics on our minorities to recommend a change in the threshold age for Older Americans Act participation.

Senator GRASSLEY. OK. So, lack of information plus special problems of certain subgroups make it very important, from your judgment, not to change that from age 60?

Ms. AZVEDO. That is right.

Senator GRASSLEY. I would like to have you also expand on your point that there are rigidities in title III which impede serving native Americans in those title III programs. And I think there is reference made especially to native Americans and rural America.

Ms. **Azvedo**. We have an appropriation increase in 1984 to $7.5 million. The problem is that when we had this increase, it went to more tribes. When the Indian tribes came to lobby the Council, they explained to us that their biggest needs were in the rural areas because of the set-up of the districts, and there are no agencies that they can go to. They would like to have funding from title III participation, especially in the rural districts where they could help themselves. That is why that was included in my statement there.

Senator **Grassley**. You pointed out that in certain jurisdictional affiliations, the AAA director has been assigned duties other than those called for under the Older Americans Act. What percentage of these directors would you have, have arrangements like this?

Ms. **Azvedo**. Well, I would imagine they are a small percentage, Senator. But it is a very important job, and should not be flexible to do other jobs. There are other staffs that can be flexible in their positions, but the director should be giving 100 percent of his or her time to the job required.

Senator **Grassley**. With respect to the 1991 White House Conference on Aging, you noted that a large, expensive national conference to create public awareness of aging issues is no longer necessary—and that is your quote. I would like to have you elaborate on that and why in your judgment it is no longer necessary.

Ms. **Azvedo**. What is no longer necessary is a large, expensive national conference. What is necessary is a conference with a specific theme. And we felt very strongly, because at the 1981 conference the original appropriation was about $6 million. With matching funds and in-kind donations, it is now specified that the conference spent somewhere between $12 and $13 million.

We came up with 600-plus recommendations. A lot of good came out of the conference, but I think we find ourselves in a position where we look at a large and prestigious event that has at times been overpoliticized, and we might not be doing the job that we are charged with.

So we feel that maybe if we look at it very closely, we can come up with a more cost-effective way of getting together and getting the job done.

Senator **Grassley**. In other words, your comment about 1991 is partly based upon observations of the 1971 and 1981 White House conferences.

Ms. **Azvedo**. That is right. I specified mostly 1981, and I think others besides myself who were there would have to agree.

Senator **Grassley**. Senator Pell?

Senator **Pell**. No questions, thank you.

Senator **Grassley**. Since Senator Pell has no questions, and I am done with my round of questioning, I thank you very much, you and Mr. Conroy, for participating in this hearing, and obviously even in these interim months between now and the more formal hearings that will occur early next year, we invite you to even take the initiative to be in touch with the staff of my subcommittee and the full committee on this reauthorization so that we can be timely with that reauthorization next year.

Thank you.

Ms. AZVEDO. Thank you, Senator.

Senator GRASSLEY. I will call the second panel now, which includes: Ms. Wilda Ferguson, president of the National Association of State Units on Aging and also commissioner of the Virginia Department on Aging; and then Russ Proffitt, from my own State of Iowa, who is from Cedar Rapids, IA, and there is the director of the Heritage Area Agency on Aging, and also on the board of the National Association of Area Agencies on Aging; and then lastly, Don Reilly, senior vice president of the National Council on Aging, who had a long and distinguished career at the Administration on Aging before he moved over to the National Conference.

All of these witnesses have appeared before this subcommittee several times, and their organizations have been of great help to us in the years past as we have worked together on the Older Americans Act, and more particularly, my part in the reauthorization 2 years ago.

So I would ask you, Ms. Ferguson, then Mr. Proffitt, and then Mr. Reilly to proceed with all of your testimony before I ask questions.

Ms. Ferguson?

STATEMENTS OF WILDA FERGUSON, PRESIDENT, NATIONAL ASSOCIATION OF STATE UNITS ON AGING, WASHINGTON, DC; RUSS PROFFITT, BOARD MEMBER, NATIONAL ASSOCIATION OF AREA AGENCIES ON AGING, WASHINGTON, DC, AND DIRECTOR, HERITAGE AREA AGENCY ON AGING, CEDAR RAPIDS, IA, AND DONALD F. REILLY, SENIOR VICE PRESIDENT, NATIONAL COUNCIL ON AGING, WASHINGTON, DC

Ms. FERGUSON. Thank you, Senator.

It is a pleasure to be here and to identify for you those issues that NASUA feels Congress should examine as they relate to the reauthorization of the Older Americans Act. The Older Americans Act has been the keystone for the development of strong State aging networks across the country. The 20 years which have elapsed since the act was first implemented have been a period of unparalleled attention, concern, increase in knowledge, and improvement in the lives of America's elderly.

Twenty years ago, there were only a few strong voices being heard on behalf of older Americans. Today, there are numerous voices speaking out on behalf of the elderly, and many of those being heard are the elderly themselves. The Older Americans Act truly has been a catalyst at the State and local level in increasing the number and quality of services to senior citizens.

We believe it is of paramount importance that we retain the goals and objectives of the act, while at the same time making revisions and adjustments that reflect the changing conditions and concerns of the older population; for example, the significant growth of the old-old, those 75 years of age and older.

NASUA has not completed a policy statement on reauthorization, but we would like to report to you today on those sections where we are likely to offer recommendations for change. We continue to urge that the Older Americans Act call for the head of the

Administration on Aging to be an Assistant Secretary, reporting directly to the Secretary of the Department of Health and Human Services.

We believe also that attention should be given to reaffirming and strengthening where necessary the prohibition against direct services by State and area agencies.

The act calls for the State units and the area agencies to be advocates for the elderly, to assure that services are available to them, and that those services are of high quality. The State and area agencies also have the responsibility to evaluate those services objectively. This can be done most effectively if there is an arm's-length relationship between the network and those who deliver services.

The Older Americans Act network should not compete with service providers except as specified in the law, in those instances where they can clearly do so in a more cost-effective manner, or where it is the only way to provide a needed service.

Another issue that we will likely address is the matter of cost-sharing by participants in those activities provided through the Older Americans Act. We believe that Congress will want to approach this subject with the goal in mind of encouraging cost-sharing by participants in the fairest possible manner. Decisions regarding criteria, standards, or eligibility factors to be used should be the responsibility of the State and area agencies.

Clearly, the nutrition program for the elderly has been outstandingly successful, in part at least because Federal funds have been so successfully leveraged through voluntary contributions. It is an important issue to consider in reauthorization.

Another matter that we believe deserves your attention is the matter of the old-old, or the group that are referred to frequently as the vulnerable elderly. In looking at those over 60 years of age that deserve emphasis as a priority group, those who are 75 years of age and older should be given particular attention.

However, let me hasten to say that with all due regard for the need to highlight priority groups within the elderly population, Congress should affirm that the act is for all older persons. It should never lose that flavor, that it was conceived and enacted to address the problems of people in our society who were being disadvantaged because they were old, or what society perceived of as old.

An area that our organization strongly believes should be looked at carefully in the reauthorization process is the State Long-Term Care Ombudsman Program. Through the Older Americans Act, this program is having a major positive impact on the quality of the lives of elderly residents of nursing homes. Our experience has shown that this program is effective, and that the State aging network is the best vehicle to oversee the operation of this program.

We will have recommendations on this part of the act that will seek to strengthen the program, for example, by ensuring access to patients who have been transferred from nursing homes to hospitals, by providing immunity from civil suits for good faith performance of their duties, and in general to assure that the State long-term care ombudsman can carry out the advocacy functions which are a vital part of their responsibilities.

NASUA is also concerned about the quality of care being provided by home care agencies to the elderly in their homes. We believe that those persons receiving home care from paid providers should have access to an ombudsman if the need arises. The quality of care given to the elderly at home by paid provider agencies should be monitored to the extent possible in a manner similar to the care provided in institutions.

And let me say, Senator, that in Virginia, we already have the requirement to monitor complaints about in-home services under our Ombudsman Program.

While the differences between monitoring care in a private home and in a nursing home are obvious, the issue does deserve thoughtful attention. Many of our member States favor a separate subsection of the act in order to produce a strengthened State Long-Term Care Ombudsman Program.

We have noted that the administration budget request proposes funding reduction for training, research and discretionary programs, and programs in title IV of the act. NASUA believes that the relatively small budget for title IV should not be reduced. Congress may want to consider providing more focus on specific areas of research and demonstration, for example, causes and remedies of elderly abuse, demonstration of cost containment for long-term care services, affordability of long-term care insurance, and expanded utilization of the national data base on aging.

States strongly support the Community Service Employment for Older Americans Program in title V. We do feel, though, that it is important that job slots through title V be assigned according to a plan jointly developed by the State unit on aging and the national contractors operating within the State. We believe such a plan will ensure the fairest and most productive distribution of job assignments.

Finally, States are aware of the increasing attention being given to intergenerational issues. We hold to the view that the natural affinity of the young for the old, and the old for the young can be enhanced through the activities and the network which exist within the framework of the Older Americans Act. We believe that the individuals and the organizations representing the old and the young will embrace language in the act which encourages intergenerational activities. Our members are studying reauthorization issues and we will be discussing specific recommendations at a national meeting of State and area agencies next week. We look forward to sharing those recommendations with you in the very near future.

Thank you.

Senator Grassley. Thank you.

[The prepared statement of Ms. Ferguson and responses to questions submitted of Senator Grassley follow:]

NATIONAL
ASSOCIATION
OF STATE UNITS
ON AGING

600 Maryland Avenue, s.w.
Suite 208
Washington, DC 20024
(202) 484-7182

NASUA

STATEMENT BY

Wilda Ferguson
Commissioner

Virginia Department on Aging

before the

Subcommittee on Aging

Senate Committee on Labor
and Human Resources

August 12, 1986
Washington, D.C.

STATES UNITED FOR ACTION IN AGING

Mr. Chairman, Members of the Subcommittee - my name is Wilda Ferguson, I am appearing before you today in my capacity as President of the National Association of State Units on Aging.

We are pleased to have this opportunity to appear before this sub-committee to identify those issues that we believe Congress should be examining relative to reauthorization of the Older Americans Act.

The Older Americans Act has been the keystone for the development of strong state aging networks across the country. The twenty years which have elapsed since the act was first implemented have been a period of unparalleled attention, concern, increase in knowledge, and improvement in the lives of American's elderly. Twenty years ago there were only a few strong voices being heard on behalf of older Americans. Today numerous voices are speaking out on behalf of the elderly, and many of those being heard are the elderly themselves. The Older Americans Act truly has been a catalyst at the State and local level in increasing the number and quality of services to senior citizens.

We believe it is of paramount importance that we retain the goals and objectives of the Act, while at the same time making revisions and adjustments that reflect the changing conditions and concerns of the older population; for example the significant growth of the old, old - those 75 years of age and older.

The National Association of State Units on Aging is currently developing specific recommendations regarding reauthorization of the Act. While we have not completed our policy statement we can report to you on those sections of the Act on which we are likely to offer recommendations for change. The order in which these issues are presented is not an indication of priority - even though some are obviously of greater importance and significance than others.

Assistant Secretary for Administration on Aging

We continue to urge that the Older Americans Act call for the head of the Administration on Aging to be an Assistant Secretary, reporting directly to the Secretary of the Department of Health and Human Services.

Prohibition Against Direct Services

We believe also that attention should be given to re-affirming and strengthening, where necessary, the prohibition against direct services by State and Area Agencies. The Act calls for the State Units, and the Area Agencies to be advocates for the elderly - to assure that services are available to them, and that those services are of high quality. The State and Area Agencies also have the responsibility to evaluate those services objectively. This can be done most effectively if there is an arms length relationship between the network and those who deliver services.

The Older Americans Act aging network should not compete with service providers, except as specified in the law, in those instances where they can clearly do so in a more cost effective manner, or where it is the only way of providing needed services.

Cost Sharing

Another issue that we will likely address is the matter of cost sharing by participants in those activities provided through the Older Americans Act. We believe that Congress will want to approach this subject with the goal in mind of encouraging cost-sharing by participants in the fairest possible manner. Decisions regarding criteria, standards or eligibility factors to be used should be the responsibility of the State and Area Agencies.

Clearly the nutrition program for the elderly has been outstandingly successful, in part at least, because federal funds have been so successfully leveraged through voluntary contributions. Cost sharing is one way of extending limited public funds so that more individuals may be served. It is an important issue in the reauthorization discussions.

Targeting of the Old, Old

Another matter that we believe deserves the attention of Congress is the matter of the old, old, or the group that are referred to frequently as the vulnerable elderly. In looking at those over 60 years of age that deserve emphasis as a priority group - those who are 75 years of age and older should be given particular attention.

Having said that, let me follow up by saying that with all due regard for the need to highlight priority groups within the elderly population - Congress should affirm that the act is for all older people. It should never lose that flavor—that it was conceived and enacted to address the problems of people in our society who were being disadvantaged because they were old - or what society perceived of as old.

State Long Term Care Ombudsman Program

An area that our organization, strongly believes should be looked at carefully in the reauthorization process is the State Long-Term Care Ombudsman Program. Through the Older Americans Act this program is having a major positive impact on the quality of the lives of elderly residents of nursing homes. Our experience has shown that this program is effective, and that the state aging network is the best vehicle to oversee the operation of this program. We will have recommendations on this part of the Act that will seek to strengthen the program, for example by ensuring access to patients who have been transferred from nursing homes to hospitals, by providing immunity from civil suits for good faith performance of their duties, and in general to assure that the State Long Term Care Ombudsmen can carry out the advocacy functions which are a vital part of their responsibilities.

Monitoring In-Home Services

NASUA is also concerned about the quality of care being provided by Home Care Agencies, to the elderly in their homes. We believe that those persons receiving home care from paid providers should have access to an ombudsman if the need arises. The quality of care given to the elderly at home by paid provider agencies should be monitored, to the extentKpossible, in a manner similar to the care provided in institutions. While the differences between monitoring care in a private home and in a nursing home are obvious, the issue does deserve thoughtful attention. Many of our member states favor a separate sub-section of the Act in order to produce a strengthened State Long Term Care Ombudsman program. Such a separate section might also have a provision calling for monitoring the quality of care of elderly persons receiving in-home services in which public funds are involved.

Title IV

We have noted that the administration budget request proposes funding reduction for Training, Research and Discretionary projects and programs in Title IV of the Act. NASUA believes that the relatively small budget for Title IV should not be reduced. Congress many want to consider providing more focus on specific areas of Research and Demonstration, for example, causes and remedies of elder abuse; demonstration of cost containment for long term care services; affordability of Long Term Care Insurance, and expanded utilization of the National Data Base on Aging.

Title V

States strongly support the Community Service Employment for Older Americans Program in Title V. We do feel, though, that it is important that job slots through Title V be assigned according to a plan jointly developed by the State Unit on Aging and the National Contractors operating within the State. We believe such a plan will ensure the fairest and most productive distribution of job assignments.

Intergenerational Cooperation

Finally, States are aware of the increasing attention being give to intergenerational issues. We hold to the view that the natural affinity of the young for the old, and the old for the young can be enhanced through the activities and the network which exists within the framework of the Older Americans Act. We believe that the individuals and the organizations representing the old and the young will embrace language in the Act which encourages intergenerational activities.

Mr. Chairman, members of the Committee - these are the issues we are looking at now. Our members are studying reauthorization issues and we will be discussing specific recommendations at a national meeting of State and Area Agencies next week. We look forward to sharing those recommendations with you in the very near future.

RESPONSE TO QUESTIONS POSED BY SENATOR CHARLES E. GRASSLEY TO WILDA FERGUSON REGARDING THE OLDER AMERICANS ACT REAUTHORIZATION

Prohibition Against Direct Services

Our records concerning the extent to which State and Area Agencies are providing direct services shows that the percentage of funds being spent for direct services by area agencies is relatively small, an average of less than 15%. The majority of those services come under the heading of access services which may properly be provided by state and area agencies.

Our concern with this particular issue is that the growing need for community long term care services, especially in-home services may tempt the network to seek to provide those services directly rather than seeking out a provider agency.

In our view the State or Area Agency should be the provider of last resort. We believe this position is consistent with the intent of the Older Americans Act. State and Area Agencies have a responsibility to know what services are needed and available, and to evaluate the quality and effectiveness of those services. They should seek to bring about needed services, but through existing provider agencies.

In places where an area agency on aging may be the only logical provider of service they should deliver it. But they should provide adequate justification to the State Agency.

Section 311 Commodities Reimbursement Program

We like the incentive which is inherent in the program, namely that the more meals a state provides through their III C allotment, the more commodity reimbursement they earn. This incentive has resulted in more cost effective management of the nutrition program at the State and local level. It has also resulted in greater attention to the matter of voluntary contributions; tougher negotiating with catering firms, and more aggressive seeking of non federal funds for the program. The more meals served - the more commodities earned.

As to the increased use of surplus and bonus commodities - that is a dilemma. Most states opt to take the cash out rather than the commodities. States would not want to forego this option. However, the Department of Agriculture might consider strategies that would make it advantageous to the States to use commodities. We believe that the retention of an incentive for the States to maximize their nutrition dollars is desirable.

Title V

The coordination between the State Title V program and the National Sponsors has improved over the years. The reporting amendment in the 1984 reauthorization has been useful. Even so - States feel that the distribution of job slots throughout the State should be arrived at by the State agency and national contractor in joint discussion and plan preparation.

Concerning the matter of Title V administrative overhead we strongly support the provision in the law that allows the Secretary to increase the amount available for administration when justified by a state or national sponsor. For some areas, particularly rural areas the relative cost of administration of a project is likely to be higher than in urban areas. Congress should direct the Department of Labor to grant waivers whereever the need is justified.

White House Conference

In general the States support a national conference. The value of such a gathering when sponsored by the White House is that the concerns of the elderly are kept before decision makers, and the public, and useful ideas can emerge. We do feel however, that another conference should not simply go over territory that has already been covered in depth in previous conferences. Thought should be given to the purposes of the conference, and provisions made for follow up where appropriate. This suggests outcomes which go beyond the public relations and information benefits which a national conference on aging produces.

Priority Services

As currently written the Older Americans Act requires that the area plan provide assurances that Older Americans Act funds will be spent for certain specified services. We support the premise that such services be available to the elderly. In our view, the proper way to address this is to require AAAs to assure the State that the services are in place and available. The matter of using Older Americans Act funds for those activities should be left to the discretion of the State and Area Agency, keeping in mind that an 'adequate' amount of service must be available - but the source of funding should not be dictated by law.

Senator GRASSLEY. Russ.

Mr. PROFFITT. Thank you for this opportunity, Senator Grassley.

Since its passage in 1965, the Older Americans Act has focused for all Americans to see the problems and the promise of our aging society by forging a Federal, State, and local network on aging.

The Congress in its wisdom started the process of demythologizing ageism, and today we see the emerging recognition that older Americans are in fact a hidden resource we almost overlooked.

With each reauthorization of the act, Congress faces the decision whether to weaken the network on aging, to strengthen it, or to keep the status quo. Surely, we all recognize today that we have not yet solved our aging problems. If we are to find our aging promise, our choice for this reauthorization of the Older Americans Act is clear: We must strengthen the aging network.

The board of directors of the National Association of Area Agencies on Aging will adopt a formal position statement on the reauthorization of the Older Americans Act at our annual conference next week.

So today, I share with you some of the issues we are addressing and hope they become the discussion not only of members of this committee, but of many associations, local and State governments, and individuals who are interested in this act.

How can we strengthen the Federal arm of the aging network?

One, strengthen the role of the Commissioner on Aging by having that position report directly to the Secretary of Health and Human Services, rather than be buried within the Office of Human Development.

Two, strengthen the advocacy role of the Administration on Aging to increase and assure interagency coordination and cooperation with such agencies as Transportation, Housing, Health Care Financing, and others.

Three, transfer 1 percent of the DRG cost savings of Medicare to title III–B of the Older Americans Act to pay for the increased demands for in-home services.

How can we strengthen the State arm of the aging network?

One, strengthen the State units on aging as the sole State agency on aging by assuring their role of advocacy with State agencies where policies and decisions affect the lives of older citizens.

Two, develop a separate title and new appropriation for the State Long-Term Care Ombudsman Program. Since the bulk of Medicaid dollars for the elderly is used for institutional care, and since Medicaid is a State-operated program using Federal dollars, the Ombudsman Program must be adequately funded from Federal and State funds to assure the rights and the care of the 6 percent of the elderly who live in institutions.

The Ombudsman Program must be strengthened, but not at the expense of other title III–B services.

And finally, how can we strengthen the area agency on aging arm of the aging network?

One, preserve and strengthen the advocacy role of area agencies on aging when they represent the interests of older Americans before local, State, and Federal decisionmakers.

Two, strengthen the area agencies' role in community—based long-term care systems, both as the broker and/or manager of services through care management. Both public and private providers are clamoring to tap the aging in-home market. Comprehensive assessment and care management must be immediately strengthened through our existing network to assure effective utilization and appropriate in-home care.

Three, strengthen the role of area agencies by including them in the monitoring of in-home services in the proposed new title for the States Long-Term Care Ombudsman Program.

Four, strengthen the targeting of all area agency-funded services by establishing a voluntary cost-sharing policy, but without making the services means-tested.

In trying to debunk the negative myths of aging, some people use the phrase, "Grow old with me; the best is yet to be." For many, that is true. But for many, it is not. For the latter, we ask how can we find solutions to future problems of aging when the present seems so staggering. We know the Federal Government cannot do it alone; we know the State government cannot do it alone, and we know the area agencies on aging cannot do it alone. But together, the aging network can and will enable America to be proud of its aging opportunities and promise.

A philosopher once said, "Today we stand on the shoulders of the giants of the past." The Older Americans Act is a giant that will allow future generations to see solutions to tomorrow's problems and will allow us today to find in aging a blessing for the entire American family.

Thank you.

[The prepared statement of Mr. Proffitt and responses to additional questions follow:]

NATIONAL ASSOCIATION OF
AREA AGENCIES ON AGING
"Reaching the Nation's Elderly"

STATEMENT OF THE

NATIONAL ASSOCIATION OF AREA AGENCIES ON AGING

PRESENTED BY

RUSSELL PROFFITT, EXECUTIVE DIRECTOR

CEDAR RAPIDS, IOWA

BEFORE THE

SUBCOMMITTEE ON AGING

OF THE

SENATE COMMITTEE ON LABOR AND HUMAN RESOURCES

AUGUST 12, 1986

600 Maryland Avenue, S.W., Suite 208, Washington, D.C. 20024 (202) 484-7520

SENATOR GRASSLEY AND MEMBERS OF THE SUBCOMMITTEE ON AGING, I AM RUSS PROFFITT, DIRECTOR OF THE HERITAGE AREA AGENCY ON AGING IN CEDAR RAPIDS, IOWA. I AM A MEMBER OF THE BOARD OF DIRECTORS OF THE NATIONAL ASSOCIATION OF AREA AGENCIES ON AGING, WHICH REPRESENTS THE BOARDS, ADVISORY COUNCILS, SERVICE PROVIDERS AND STAFF OF OVER 670 AREA AGENCIES ON AGING NATIONWIDE. I AM PLEASED YOU HAVE AFFORDED OUR ASSOCIATION THE OPPORTUNITY TO COMMENT BEFORE THIS SUBCOMMITTEE ON THE PENDING REAUTHORIZATION OF THE OLDER AMERICANS ACT.

SIGNIFICANTLY, THE ORIGINAL OLDER AMERICANS ACT WAS ENACTED IN 1965, THE SAME YEAR AS MEDICARE AND MEDICAID. ALTHOUGH IT WAS DWARFED BY THE TWO LARGE HEALTH FUNDING PROGRAMS, THE EVOLUTION OF THE OLDER AMERICANS ACT HAS BEEN CRITICALLY LINKED TO THE DEVELOPMENT OF THE OTHER TWO LARGER SYSTEMS. IN THE EARLY YEARS OF THE OLDER AMERICANS ACT MOST SOCIAL SERVICES FUNDED WERE SOCIAL AND RECREATIONAL, ACTIVITIES DESIGNED TO BRING OLDER PERSONS TOGETHER TO COMBAT LONELINESS. IMPLICIT WAS THE NOTION THAT TRULY SERIOUS PROBLEMS COULD BE MET PRIMARILY THROUGH INCOME OR HEALTH PROGRAMS.

BY THE EARLY 1970'S, CONCERN BEGAN TO GROW ABOUT THE HEALTH CARE EMPHASIS ON INSTITUTIONALIZATION, ESPECIALLY IN NURSING HOMES. STUDIES REVEALED THAT AS MANY AS 25% OF NURSING HOME RESIDENTS DID NOT HAVE TO BE THERE. THIS TRIGGERED AMENDMENTS IN THE 1973 REAUTHORIZATION OF THE OLDER AMERICANS ACT THAT ESTABLISHED THE AREA AGENCIES ON AGING, WHO WOULD BE THE PLANNERS AND COORDINATORS OF COMMUNITY BASED SERVICES. THE TITLE III MANDATE WAS FOR AREA AGENCIES TO "ESTABLISH COMPREHENSIVE, COORDINATED SYSTEMS OF SERVICES FOR THE AGING" WHICH WOULD "ENABLE OLDER PERSONS TO LIVE IN THEIR HOMES OR OTHER PLACES OF RESIDENCE AS LONG AS POSSIBLE".

IT WAS TOWARD ALTERNATIVES TO INSTITUTIONALIZATION THAT AREA AGENCIES BEGAN THEN TO DIRECT THEIR ATTENTION, BUT NOT WITHOUT CONSIDERABLE POLITICAL RESISTANCE. TITLE III ITSELF, WHILE STRONG IN ITS INTENT, WAS WEAK IN THE AUTHORITY IT VESTED IN THE AREA AGENCIES TO DEVELOP AND MANAGE RESOURCES TO SERVE THOSE IN GREATEST NEED. INSTEAD THE ACT'S UNLIMITED LIST OF FUNDABLE SERVICES LED MANY SERVICE PROVIDERS TO FEEL THAT THE ACT WAS AN ENTITLEMENT PROGRAM FOR ESTABLISHED PROVIDERS. MEANWHILE, THE LARGEST PROGRAMS IN THE ACT, NUTRITION AND EMPLOYMENT, REMAINED CATEGORICAL, LENDING CREDENCE TO THE VIEW THAT THE CAUSE OF THE FRAIL, VULNERABLE ELDERLY WAS NOT AS PRESSING AN ISSUE.

OVER THE PAST DECADE, AREA AGENCIES ACROSS THE NATION, TRUE TO THE INTENT OF THE ACT, HAVE INCREASINGLY FOCUSED ON THOSE STRUGGLING TO STAY IN THEIR OWN HOMES. WE HAVE LEARNED THAT THESE VULNERABLE PEOPLE ARE OLDER, SICKER, POORER, AND MORE ISOLATED THAT OTHER ELDERS. MOST OFTEN THEY ARE STRICKEN WITH A DISABLING CHRONIC DISEASE IN THE LATER YEARS WHEN PENSIONS HAVE LOST THEIR PURCHASING POWER. MANY ARE WIDOWS WITHOUT WORK HISTORIES WHO ARE NOT ELIGIBLE FOR THEIR HUSBANDS' PENSIONS. MORE THAN HALF OF THE ELDERLY SERVED BY AREA AGENCIES ARE 75 AND OLDER. MOST HAVE TROUBLES OTHER THAN THEIR DISABILITIES, SUCH AS HOMES IN DISREPAIR, NEED FOR HOMEMAKING HELP, NEED FOR CHORE SERVICES, MALNUTRITION, DEPRESSION, AND INTENSE LONELINESS. AND BECAUSE THEY ARE INVISIBLE, THEIR NUMBERS ARE GROSSLY UNDERESTIMATED.

WE HAVE ALSO LEARNED, AND RESEARCH HAS SUBSTANTIATED, THAT WHILE NURSING HOMES ARE CONSIDERED HEALTH CARE INSTITUTIONS, HEALTH CARE IS NOT THE PRIMARY REASON

FOR PEOPLE TO GO INTO NURSING HOMES. THE PRIMARY REASON IS DIFFICULTY WITH ORDINARY ACTIVITIES OF DAILY LIVING AND THE LACK OF AFFORDABLE SUPPORTIVE SERVICES IN THE HOME TO MAKE THE ACTIVITIES OF DAILY LIVING POSSIBLE. WHILE AN ELDERLY PERSON MAY NEED CONTINUING HEALTH CARE AFTER BEING DISCHARGED FROM A HOSPITAL, THE NEED FOR THE HEALTH CARE USUALLY DIMINISHES IN A FEW MONTHS. BUT IF HOME SUPPORT SERVICES ARE NOT IN PLACE, AN ELDERLY PERSON MAY LIKELY BE A CANDIDATE FOR A NURSING HOME. SIGNIFICANTLY, WHEN HEALTH CARE ELIGIBILITY RUNS OUT, THE BURDEN OF CARE FALLS MOST FREQUENTLY ON TITLE III-B OF THE OLDER AMERICANS ACT, THE MOST NEGLECTED PORTION OF THE ACT.

IN SEVERAL STATES, STATE UNITS AND AREA AGENCIES ON AGING HAVE DEVELOPED SOLID SYSTEMS SERVING THE VULNERABLE ELDERLY, DRAWING IN OLDER AMERICANS ACT, SOCIAL SERVICES BLOCK GRANTS, MEDICAID, MEDICARE AND/OR STATE REVENUES AND INTEGRATING THEM THROUGH CASE MANAGEMENT ACTIVITIES. WE WERE PLEASED THESE MODELS RECEIVED RECOGNITION FOR SUCCESS THROUGH THE CONGRESSIONAL MANDATE OF THE 1984 REAUTHORIZATION INSTRUCTING AREA AGENCIES TO "FACILITATE THE COORDINATION OF COMMUNITY-BASED LONG-TERM CARE SERVICES ...TO EMPHASIZE THE DEVELOPMENT OF CLIENT-CENTERED CASE MANAGEMENT SYSTEMS AS A COMPONENT OF SUCH SERVICES". IN A PERIOD WHERE WE SEE MAJOR GROWTH IN OUR "OLD-OLD" POPULATION, MAJOR CHANGES IN THE MEDICARE PROGRAM ARE PLACING NEW STRESSES ON THE COMMUNITY CARE SYSTEMS. RAPID GROWTH IS OCCURRING IN THE ENTIRE HEALTH CARE MARKET WITH NEW PROVIDERS GRASPING FOR A PIECE OF THE ACTION. IT IS NO WONDER OLDER PERSONS AND THEIR CARE GIVERS FIND OUR ENTIRE HEALTH AND COMMUNITY CARE SYSTEMS A CONFUSING MAZE TO WORK THROUGH, GETTING THEIR NEEDS MET. COMMUNITY-WIDE CASE MANAGEMENT SYSTEMS HAVE BEEN AN IMPORTANT GROWTH IN THESE CONFUSING TIMES.

SINCE THE IMPLEMENTATION OF THE HEALTH CARE COST CONTAINMENT POLICIES OF THE 1980'S, AREA AGENCIES ON AGING HAVE EXPERIENCED TREMENDOUS GROWTH IN THE UTILIZATION OF THEIR SERVICES AGENCIES REPORT THAT THEY ARE SPENDING A DISPROPORTIONATE PERCENTAGE OF THEIR FUNDS ON SERVICES FOR THE FRAIL HOMEBOUND PERSON. FOR INSTANCE, IN MY OWN AREA AGENCY WE HAVE EXPERIENCED A 27% INCREASE IN THE PROVISION OF HOME DELIVERED MEALS IN 1986, UP FROM A 6% INCREASE IN 1985. ACCORDING TO A NATIONAL STUDY CONDUCTED BY THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER IN 1985, THE EFFECTS OF DIAGNOSTIC RELATED GROUPINGS (DRG'S) ON THE COMMUNITY-BASED LONG TERM CARE SYSTEM, SHOWS AREA AGENCIES HAVE SHIFTED FUNDS FROM OTHER PROGRAMS TO IN-HOME SKILLED NURSING SERVICES. THE INCREASE WAS A SHOCKING 196%. EXPENDITURES FOR HOUSEKEEPING AND PERSONAL CARE SERVICES HAVE INCREASED BY 69% AND 63% RESPECTIVELY.

THESE INCREASES REFLECT NEW DEMANDS ON THE COMMUNITY-BASED AND IN-HOME SERVICES PROVIDED BY THE AREA AGENCIES UNDER TITLE III-B OF THE OAA. THE DEMAND WILL CONTINUE TO INCREASE AS A RESULT OF DEFICIT CUTS IN COMMUNITY CARE PROGRAMS AS A RESULT OF GRAMM-RUDMAN-HOLLINGS. PLEASE NOTE THAT THESE SHIFTED FUNDS ARE NOT ADDITIONAL MONIES BEING USED TO RESPOND TO THE INCREASED NEED RESULTING FROM DRG'S, RATHER, THESE FUNDS ARE TAKEN FROM EXISTING SOCIAL SERVICES, SHIFTED TO COVER EXPENSES FORMERLY COVERED BY MEDICARE. A MAJOR QUESTION THAT NEEDS TO BE ASKED DURING THE UPCOMING REAUTHORIZATION IS: DO WE INTEND FOR THE OLDER AMERICANS ACT TO SUPPLEMENT MEDICARE THROUGH HOME CARE AND SUPPORT SERVICES AND IF SO, HOW, WITHOUT ADDITIONAL FUNDS TO ADEQUATELY MEET THE NEW DEMANDS. IF THE AREA AGENCY IS TO TAKE ON THIS NEW ROLE, THEN WE RECOMMEND THAT A MERE 1% OF THE SAVINGS RESULTING FROM THE NEW COST

CONTAINMENT MEASURES OF DRG'S BE TRANSFERRED FOR HOME AND SUPPORTIVE SERVICES UNDER THE OLDER AMERICANS ACT.

THE BOARD OF DIRECTORS OF THE NATIONAL ASSOCIATION OF AREA AGENCIES ON AGING AND THE NATIONAL ASSOCIATION OF STATE UNITS ON AGING WILL ADOPT A FORMAL POSITION STATEMENT ON THE REAUTHORIZATION OF THE OLDER AMERICANS ACT AT OUR ANNUAL CONFERENCE NEXT WEEK. THEREFORE, AT THIS TIME I AM NOT ABLE TO BRING TO THIS COMMITTEE SPECIFIC RECOMMENDATIONS FROM OUR ASSOCIATION. WE WILL, HOWEVER, BE SHARING THESE WITH YOU IN THE FALL. I CAN SHARE WITH YOU THE ISSUES WE ARE ADDRESSING AND HOPE THEY BECOME THE DISCUSSION NOT ONLY OF MEMBERS OF THIS COMMITTEE, BUT ISSUES FOR THE MANY ASSOCIATIONS, LOCAL AND STATE GOVERNMENTS, AND INDIVIDUALS WHO ARE INTERESTED IN THIS ACT.

I HAVE PURPOSELY OUTLINED SOME CRITICAL POINTS IN HISTORY FOR THE AREA AGENCIES THAT DEMONSTRATE OUR ABILITY TO BE A RESPONSIVE AND STRONG NETWORK. WE LOOK TO THIS COMMITTEE TO CONTINUE TO SUPPORT THE SUCCESSES OF OUR NETWORK, BUT ALSO TO ASSIST US IN STRENGTHENING IT THROUGH THIS REAUTHORIZATION. WE WILL BE SEEKING THE CONTINUED FLEXIBILITY TO DETERMINE THE NEEDS OF OUR LOCAL COMMUNITIES, TAKING INTO CONSIDERATION NOT ONLY THE GROWING NUMBER OF ELDERLY PERSONS WHO HAVE UNMET NEEDS, BUT ALSO THE SUPPLY AND DEMAND OF OUR SERVICES AND THE COMMUNITIES RESOURCES WHICH ENABLE US TO SUPPORT THOSE CRITICAL SERVICES. WE CONTINUE TO OPPOSE THE STATE BLOCK GRANT APPROACH, AS IT DOES NOT PROVIDE FOR DECISION MAKING AT THE COMMUNITY LEVEL, IT DIFFUSES RESPONSIBILITY AND WEAKENS ADVOCACY.

WE WANT TO MAINTAIN A STRONG NETWORK AT THE FEDERAL, STATE AND LOCAL LEVEL. THE ADMINISTRATION ON AGING NEEDS TO PROVIDE THE LEADERSHIP FOR THIS NETWORK. THE COMMISSIONER NEEDS TO HAVE THE AUTHORITY TO COLLABORATE WITH OTHER FEDERAL AGENCIES WHICH ASSIST US IN BUILDING THE BRIDGES WHICH WE MUST CROSS AT THE LOCAL LEVEL. FOR EXAMPLE, STRONGER RELATIONSHIPS ARE NEEDED WITH THE DEPARTMENTS OF TRANSPORTATION AND HOUSING TO BETTER ENABLE US TO ADDRESS THE CRITICAL NEEDS AT THE LOCAL LEVEL. WE CONTINUE TO BELIEVE THAT AOA'S STRENGTH CAN BE BETTER ACHIEVED ONLY IF THE COMMISSIONER REPORTS DIRECTLY TO THE SECRETARY OF HEALTH AND HUMAN SERVICES RATHER THAN BE BURIED WITHIN THE OFFICE OF HUMAN DEVELOPMENT SERVICES.

STRENGTHENING THE NETWORK AT THE LOCAL LEVEL CAN BE ENHANCED BY ENCOURAGING THE FURTHER DEVELOPMENT OF OUR COMMUNITY BASED LONG TERM CARE SYSTEMS. NAAAA WILL SEEK TO STRENGTHEN THE ROLE OF THE FINANCIALLY "DISINTERESTED" AREA AGENCY ON AGING IN MANAGING AND BROKERING SERVICES THROUGH CASE MANAGEMENT. WE WILL ALSO CONTINUE TO EMPHASIZE THE IMPORTANCE OF THE ADVOCACY ROLE OF THE AREA AGENCY, REPRESENTING THE INTERESTS OF OLDER AMERICANS BEFORE LOCAL, STATE, AND FEDERAL DECISION MAKERS.

THE AREA AGENCIES HAVE TAKEN SERIOUSLY THE NEED TO WISELY USE LIMITED RESOURCES. WE HAVE TIGHTENED SERVICE DELIVERY BY TARGETING WHERE POSSIBLE; WE UTILIZE THOUSANDS OF VOLUNTEERS IN CREATIVE WAYS; WE HAVE MOVED TO MANAGE OUR PROGRAMS MORE EFFICIENTLY THROUGH COMPUTERIZATION; AND WE HAVE IMPLEMENTED SUPPORT GROUPS TO EXPAND THE USE OF FAMILY AND NEIGHBOR CARE GIVERS. WE ARE NOW OPERATING WITH MINIMAL RESOURCES COMPARED TO DEMAND. THE TIME MAY BE NOW, TO CONSIDER INCREASED COST SHARING BY PARTICIPANTS FOR SERVICES WHEN POSSIBLE.

WE WILL BE SEEKING WAYS TO ESTABLISH VOLUNTARY COST SHARING WITHOUT TRANSITIONING THE PROGRAM TO A MEANS TESTED PROGRAM.

MUCH ATTENTION HAS COME TO THE OMBUDSMAN PROGRAM AS A RESULT OF CHANGES IN THE MEDICARE AND MEDICAID PROGRAMS. WE WILL SUPPORT EFFORTS TO STRENGTHEN THE AUTHORITY OF THIS PROGRAM, UNDER THE OLDER AMERICANS ACT, AND TO ENHANCE ITS ROLE WITHIN THE STATE AND AREA AGENCY NETWORK. BUT TO FURTHER ENHANCE AND EXPAND THIS PROGRAM, WE CAN NOT DO THIS AT THE EXPENSE OF OTHER TITLE III-B SERVICES. WE WILL THEREFORE BE SEEKING NEW APPROPRIATIONS UNDER A SEPARATE TITLE FOR THE OMBUDSMAN PROGRAM.

ENACTED MEASURES TO PERMIT MEDICARE AND MEDICAID TO SUBSIDIZE HEALTH CARE IN THE HOME HAVE CREATED ANOTHER PROBLEM, ONE COMMON TO ALL THIRD PARTY PAYER SYSTEMS. WHEN A SINGLE LOCAL HOME HEALTH SERVICE PROVIDER OPERATED A MODESTLY FUNDED PROJECT, THERE WAS LITTLE POTENTIAL FOR ABUSE. BUT TODAY COMPETITION IS KEEN, AND PROVIDERS TURN ON THE HARD SELL FOR CLIENTS. SOME PROVIDERS HAVE MUCH PROFESSIONAL INTEGRITY, BUT OTHERS ARE EXPLOITIVE. WE HAVE SEEN EXPANSIVE HEALTH CARE PROVIDED WHERE MUCH LESS EXPENSIVE SOCIAL SUPPORTIVE SERVICES, OR EVEN TRAINED FAMILY MEMBERS, COULD ADEQUATELY PROVIDE THE NEEDED SERVICES. THIS OVER-UTILIZATION IS A PRODUCT OF A POORLY MONITORED AND MANAGED SYSTEM. FREQUENCY AND DURATION OF SERVICE FOR CAPTIVE CLIENTS CAN BE SET BY THE PROVIDERS, WHO IN TURN PROFIT FROM THE SERVICE DELIVERY.

HOME CARE SERVICE IS FUNDED WITH LESS UTILIZATION REVIEW AND MONITORING THAN NURSING HOMES, AND THE POTENTIAL FOR ABUSE EXISTS. CONSIDERING THE ROLE OF THE AREA AGENCY ON AGING TO ADVOCATE ON BEHALF OF CLIENTS IN THE CASE

MANAGEMENT AND OMBUDSMAN PROGRAMS, AS WELL AS THEIR MANDATE TO MONITOR SERVICES WITHIN THEIR PLANNING AND SERVICE AREA, WE WILL PURSUE A ROLE FOR THE AGING NETWORK IN THIS CRITICAL MONITORING ROLE. TO MEET THIS INCREASED RESPONSIBILITY, A SEPARATE SUBSECTION OF THE NEW OAA TITLE, I REFERENCED EARLIER, MAY BE IMPORTANT TO CONSIDER.

MANY OTHER CONGRESSIONAL COMMITTEES ARE LOOKING TO THE OLDER AMERICANS ACT FOR SUPPORT IN THE COMMUNITY AS A RESULT OF POLICY CHANGES WITHIN MEDICARE AND MEDICAID. THE AGING NETWORK IS A PROVEN AND EXISTING NETWORK THAT COVERS THE ENTIRE COUNTRY. WE ARE A LOGICAL ENTITY TO ASSUME SOME OF THESE NEWLY PROPOSED RESPONSIBILITIES. BUT, NOT AT THE EXPENSE OF THE ORIGINAL INTENT OF THE OLDER AMERICANS ACT, THAT IS, TO ASSIST OLDER PERSONS TO REMAIN IN THEIR COMMUNITIES AND HOMES. WE THEREFORE, WILL BE SEEKING YOUR SUPPORT TO ASSURE THE INTEGRITY OF THE CURRENT TITLE III-B PROGRAMS AND TO ASSIST US IN FINDING NEW OR TRANSFERED FUNDS, WHETHER THEY ARE FROM MEDICARE, MEDICAID, PUBLIC HEALTH SERVICE, ETC., TO SUCCESSFULLY FULFILL THESE NEW ROLES.

WE SHOULD NOT LISTEN TO DISCUSSIONS ABOUT REDUCTIONS IN SERVICES FOR NEEDY OLDER PERSONS, RATHER WE SHOULD BE PLANNING FOR RESPONSIBLE WAYS TO SUPPLY EVEN MORE NEEDED SERVICES TO THIS DRAMATICALLY EXPANDING POPULATION. WE CAN CHANGES IN PUBLIC POLICY ERODE A VERY LIMITED SUPPORT SYSTEM FOR NEEDY OLDER PERSONS. WE NEED THE CONTINUED SUPPORT OF THIS COMMITTEE TO MEET THESE CRITICAL CHALLENGES UNDER THE OLDER AMERICANS ACT.

NATIONAL ASSOCIATION OF
AREA AGENCIES ON AGING
"Reaching the Nation's Elderly"

Questions submitted by Senators Grassley and Matsunaga to the National Association of Area Agencies on Aging.

1. DIRECT SERVICES - There seems to be much criticism about the provision of direct services by the network on aging. However, according to the National Data Base on Aging, sixteen percent of Area Agencies on Aging services funded, are provided directly by the Agencies, and this percentage has been maintained since 1981. Those services provided directly are usually those related to Area Agencies administrative functions and mandate to "serve as the advocate and focal point for the elderly" including services the law currently states the Area Agencies must facilitate: information and referral, outreach, and case management.

NAAAA supports the law as it currently states that Agencies will not provide direct services unless there is no other provider of service, or where services of comparable quality can be provided more economically by the Agency. We encourage you to maintain the current flexibility that remains between the State Unit and Area Agency to determine when it may be necessary or more appropriate for services to be provided directly.

Our Association, as you know, strongly supports the use of community-wide case management services to target limited resources within a community, avoid unnecessary duplication of services and assist older persons and their family care givers through our maze of community services. As Dr. Rosalee Kane has stated in testimony before the Senate, this service needs to be provided by a "disinterested agency", one not providing direct services that can benefit financially by referrals for services. There are few "disinterested agencies" within a community. The Area Agency on Aging is one, when it is not a provider of direct services in a community. It is in rural Area Agencies where the Agency may be a direct service provider and case manager as there may be no other service provider than the Area Agency. It is for these reasons that we support the law as it currently exists, and encourage you to continue to support the provision allowing case management by Area Agencies on Aging.

2. COMMODITIES - The Section 311 Surplus Commodity Program definitely needs improvement. First, the reimbursement rate must be secured annually to enable the Area Agencies to budget. Historically, the Department of Agriculture has been able to change the rate mid year, thus causing major confusion among nutrition providers. The Department has said this is done because they have not been able to predict meal counts, despite the fact that this is one of the most accurate counts of service units within the aging network. Second, information about available commodities and relevant regulations reaches the program directors too late to facilitate good planning. Information must be made available in a more timely fashion.

Our Association does support the increased use of surplus and bonus commodities. We have been studying various models of food purchasing across the nation that could be used to expand the program as we know it. Also, due to information gathered and presented by NAAAA to the National Association of State Agencies for Food Distribution, Distributing Agencies are now reevaluating their efforts to include the Nutrition Program for the Elderly in their market development activities. Increased availability of high quality food products such as meats, low fat, low salt, and unsweetened foods could provide an increased incentive within the aging network to use commodity food products. It would also be helpful if commodity processing companies could produce food from commodities that are of most use by the nutrition programs such as ready-to-cook entrees, and items that conform to older persons menu preference (excluding such high salt content items as: pizza, tacos, and hot dogs).

Due to the difficulty and costliness of incorporating existing commodity food items available to senior nutrition program into menus, timeframes for distribution, geographic location, and costs related to obtaining them, program directors now need information on food use and cost savings to encourage their increased use of commodity foods. As this information becomes more available, we feel certain that the Section 311 Program can become the resource to the nutrition program for the elderly which Congress intended.

3. WHITE HOUSE CONFERENCE ON AGING - The discussion of a 1991 White House Conference on Aging has begun among members of the Leadership Council of Aging Organizations (LCAO). Our Association is a member of a small group of LCAO

representatives attempting to decide if we should support such an effort, and if so, what the meeting should look like and a possible theme. If a meeting can be planned that will result in future policy directions, rather than becoming a political forum, we would support such an endeavor. We believe that we no longer need to conduct such a meeting to simply bring attention to the issues of the elderly.

4. ADEQUATE PROPORTION - Our Association has continually supported decision making at the local level. It is our belief that Congress developed Area Agencies to assess the needs and resources within each respective community and thus identify service areas that need funding and establish priorities for funding. This means that if within the local community, the Area Agency is successful in encouraging the city or county to support senior transportation programs, the local agency should not be required to use its limited federal resources for transportation services. We agree that certain program areas need to be given priority within the community, and assured their existence from some funding source, but a percentage of federal resources should not be affixed to this requirement. We therefore support retention of the language as it currently reads.

5. HEALTH CARE SERVICES - The Older Americans Act currently is primarily serving the "old-old." The average age of participants in programs in my area and those of my peers, is approximately seventy-eight. Most of the services we now fund are in-home services ie: chore, homemaker (and home care services not covered by Medicare or Medicaid), home repair, home delivered meals, friendly visitor, etc. We need to be able to maintain good community health services both inside the home (mentioned previously) and within the community ie: health screening, mental health, counseling etc. We currently have the

vehicle in the Act to do this - Title III B. But it needs additional funds to meet the increasing demands. Whenever increased appropriations are made, nutrition programs receive the support. We need your help to assure Title III B programs are adequately funded to serve the ever growing "old old" population.

6. MINORITY PARTICIPATION - The service area that minority participation is documented as being "down in" is in the congregate meal area. Our Association has been studying the targeting of services for over two years and working with our members to identify initiatives to increase services to minority populations. We are trying to implement better ways to draw minority participants through: increasing satellite meal programs; changing menus to meet varying cultural needs; increasing outreach efforts through minority churches and social groups, etc. A very detailed manual for Area Agencies and local services providers on increasing targeting efforts is available through our Association.

7. HOMELESS - Of course all services under the Older Americans Act would be available to the homeless if they could or would desire to access them. We have not studied the utilization of our services by the homeless. Some Area Agencies have reported as new service initiatives in their annual survey for the National Data Base on Aging, (the only national data collected regarding the Older Americans Act, managed jointly be NAAAA and NASUA) that they are servicing the homeless through satellite sites of their congregate meal programs and through emergency assistance programs. This indeed, may be a service area needing further study and with additional funding, could be addressed under the Older Americans Act.

8. DEDESIGNATION - This issue remains a serious concern for Area Agencies. Our Association strongly opposes the "right of first refusal" provision and we hope you will take leadership in eliminating this provision in the coming reauthorization proposal. The problem is two-fold: first, the 1984 "right of first refusal" provision discriminates against local decision making, and existing Area Agencies on Aging, especially those which are within Council of Governments and non-profit entities. Second, the following regulations eliminated appeals provisions for an existing Area Agency which is subject to dedesignation or redesignation proceedings. No provisions remained for public input from older persons or public officials. There are many states that continue to consider redesignation or dedesignation of Area Agencies. This process may indeed need to be a critical part of a State Unit on Aging determining its allocations to needy older persons. However, we feel it is critical that the regulatory language lost following the last reauthorization, must become part of statute to assure that a fair process, not a political one, determines who may act as the most appropriate Area Agency within a community and what its boundaries should be.

9. LONG TERM CARE OMBUDSMAN - Our Association strongly supports strengthening the nursing home ombudsman program. We are especially concerned about building a better program at the local level. Very little funds have been allocated to this program, forcing it to remain primarily a state based, not local program, except in those states where other funds have been allocated to do so. We do believe that in order to implement this program, a strong state program must be in place, coordinating with appropriate state agencies governing nursing homes. We must also remember that the intent of the Older Americans Act is to support older persons remaining independent in their

communities. It is a community-based, not an institutional-based program. We therefore strongly recommend that a separate title be initiated for this program. We also urge that adequate appropriations be provided to assure its strength at the local and state levels, preventing the depletion of the community-based Title III B funds to accomplish this. We do believe that this Older Americans Act program should be well coordinated with the State Unit and Area Agency on Aging programs. We strongly believe that the State Unit and Area Agencies should have the flexibility to determine whether it be maintained internally or externally according to local conditions considering such issues as "conflict of interest." Where the program is maintained should be reflected in the regular planning process.

10. COST SHARING - Our Association continues to strongly oppose means tests. We do however feel we can increase contributions through a cost sharing initiative. Currently only the Title III C program has statutory language directing the collections of contributions for nutrition services. We propose to add that same language to allow collection of contributions for Title III B services. By preparing charts informing participants what a service costs and a list citing various income levels with suggested contributions, it is likely that increase contributions will be made. We would not support an initiative that requires a participant to show or prove their income level to be eligible for a service.

11. ADVOCACY - The change in advocacy regulations and the introduction of OMB Circular A-122, caused many Area Agencies, their Councils, and advocates to limit their public work. The loss of regulations stating that Area Agencies will represent the interest of older persons before local, state, and federal

officials caused much hesitancy among our members. We strongly encourage you to insert the lost regulatory language into statute during the upcoming reauthorization.

Thank you for the opportunity to address these issues. Please feel free to call our Association for any further clarifications.

Sincerely yours,

Raymond C. Mastalish

Raymond C. Mastalish

for

Russell Profitt

Senator GRASSLEY. Mr. Reilly.

Mr. REILLY. Mr. Chairman, the National Council on the Aging will subsequently develop a position paper which sets forth our views on reauthorization issues which go beyond the current structure of the act. My oral statement today will briefly touch on central points relating to the existing structure.

Overall, NCOA believes that enactment of the Older Americans Act in 1965 was a timely response to the emerging needs of an aging population. Those needs are still emerging and changing, and the act has evolved to meet them.

The present structure and provisions of the act are basically sound. It should be reauthorized for at least 3 years. No major revisions are necessary. However, there are some areas of concern in which changes are needed.

One is the organizational level.

Section 201 bars the delegation of any function of the Commissioner on Aging to any officer not directly responsible to the Commissioner. This clear statement of congressional intent is being evaded.

Several years ago, regional financial management of the Administration on Aging's programs was transferred to the regional financial management staff of the Assistant Secretary for Human Development Services. AOA discretionary grant award decisions are made in meetings chaired and dominated by the Assistant Secretary. A demonstration is now being carried out in two regions that would eliminate aging specialist staff, who report to the Commissioner on Aging, in favor of program generalists who report to the Assistant Secretary.

We see these steps as a continuing trend which, if continued, will change the Commissioner on Aging and the Administration on Aging from a program development, coordination, advocacy, and operations agency into a staff office to the Assistant Secretary.

NCOA reiterates its recommendation of previous years that the Commissioner on Aging position be elevated to Assistant Secretary status, so that these erosions of program authority and integrity will be stopped.

In title III, in relation to program coordination, section 306(a)(3) provides that area agency plans shall designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers as such focal point.

Some States and area agencies have implemented this provision, but most have not. Even where designations have been made, in most cases, there has been little or no increase in resources awarded or authority conferred to implement the focal point functions. There has been no leadership by AOA in this area. Community focal points for comprehensive service delivery should be the local community partners of the State and area agencies on aging in achieving cross agency program coordination in service delivery.

The committee should make clear in its report that it expects AOA to become active in achieving compliance with the full intent of the statutory provision.

Adult day care is a new, much-needed service. It meets a critical need of working families for care of an impaired elderly parent during the work week. It provides respite for a full-time family caregiver.

It is growing because the need is there, but there is no specific source of Federal funding available. This limits the access of lower- and middle-income families to an additional social support which can avert the need for medical care or entrance into a nursing home.

Adult day care should, therefore, be added to section 321(a)(5), the list of services which can be supported under title III, part b. Also, section 397(b)(13) should be amended to make it clear that older persons and handicapped or disabled individuals who have not attained 60 years of age, but who attend adult day care centers, are eligible for participation in the congregate meals program at the day care site.

The National Council on the Aging has recently developed through our National Institute on Adult Daycare, the first and only national standards for management of this important new service. We previously developed through our National Institute of Senior Centers, national standards for the management of senior centers. The delivery of needed services is critically important, but it is equally important that the services be of high quality and effectively managed.

We recommend that the committee report direct AOA to provide leadership to the States toward the adoption of national program standards for services to older persons, and to fund through title IV the development of new standards and improvement of existing standards where they are needed.

Section 306(a)(1) states that each area plan shall "provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and where appropriate, for multipurpose senior centers." Section 306(a)(2) then lists three categories of services, access, in-home and legal assistance, and requires that the plan specify the amount expended for each such category during the previous fiscal year.

The only category of services not listed is community services. NCOA recommends that (a)(2) be made consistent with (a)(1) by changing the listing of legal assistance from (C) to (D) and inserting community services at (C). This will make it clear that the Congress is also concerned about the need for the delivery of preventive and supportive services in community settings, such as multipurpose senior centers and adult day care centers, as well as in the home.

In title V, the principal issue is the singling out of this program for a severe cut in allowable administrative costs. The administrative allowance for operating JTPA programs is a maximum of 15 percent. The maximum administrative allowance for operating title V was reduced by statute from 15 to 13½ percent for the current year, and for next year, to 12 percent. These reductions could have negative effects on the quality of program operations. NCOA recommends restoration of the administrative allowance to 15 percent. This and related issues will be addressed by Mr. Simmons in a statement representing the views of all the title V national contractors, including NCOA.

In authorizations, we believe that the committee should recognize the growing number of older persons, and particularly the increases in the number of old-old persons in setting the authorizations for each title for the next 3 years. Even in this Gramm-Rudman-Hollings period, we must recognize the need for program growth to deal with increasing needs.

Thank you, Mr. Chairman. I will be glad to answer any questions.

[The prepared statement of Mr. Reilly follows:]

THE NATIONAL COUNCIL ON THE AGING, INC.
Since 1950 working to improve the lives of older Americans

600 MARYLAND AVE., SW • WEST WING 100 • WASHINGTON, DC 20024 • TELEPHONE (202) 479-1200

Reauthorization of the Older Americans Act

Testimony by

Donald F. Reilly
Senior Vice President
The National Council on the Aging

before

The Subcommittee on Aging of the
Senate Committee on Labor and Human Resources

August 12, 1986

Chair Barbara Sklar, 1st Vice Chair Frankie M. Freeman, Esq.
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President Jack Ossofsky, Senior Vice President Donald F. Reilly

Mr. Chairman, The National Council on the Aging, Inc. is pleased to present our recommendations for reauthorization of the Older Americans Act. My name is Donald F. Reilly. I am the Senior Vice President of The National Council on the Aging. Prior to this position, I was Deputy Commissioner of the U. S. Administration on Aging for seven years.

I will submit for the record a statement which sets forth our views on reauthorization issues in greater detail. My oral statement today will briefly touch on the central points.

Overall

NCOA believes that enactment of the Older Americans Act in 1965 was a timely response to the emerging needs of an aging population. Those needs are still emerging and changing, and the Act has evolved to meet them.

The present structure and provisions of the act are basically sound. It should be reauthorized for three years. No major revisions are necessary. However, there are some areas of concern in which changes are needed.

Organizational Level

Section 201 bars the delegation of any function of the Commissioner on Aging to any officer not directly responsible to the Commissioner. This clear statement of Congressional intent is being evaded. Several years ago, regional financial management of the Administration on Aging's programs was transferred to the regional financial management staff of the Assistant Secretary for Human Development Services. AoA discretionary grant award decisions are made in meetings chaired and dominated by the Assistant Secretary. A demonstration is now being carried out in two regions that would eliminate aging specialist staff, who report to the Commissioner on Aging, in favor of program generalists who report to the Assistant Secretary. We see these steps as a continuing trend which, if continued, will change the Commissioner on Aging and the AoA from a program development, coordination, advocacy and operations agency into a staff office to the assistant secretary. NCOA reiterates its recommendation of previous years that the Commissioner on Aging position be elevated to assistant secretary status so that these erosions of program authority and integrity will be stopped.

TITLE III

Program Coordination

Section 306(a)(3) provides that area agency plans shall "designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers as such focal point." Some states and area agencies have implemented this provision, but most have not. Even where designations have been made, in most cases there has been little or no increase in resources awarded or authority conferred to implement the focal point functions. There has been no leadership by AoA in this area. Community focal points for comprehensive service delivery should be the local community partners of the state and area agencies on aging in achieving cross-agency program coordination in service delivery. The committee should make clear in its report that it expects AoA to become active in achieving compliance with the full intent of the statutory provision.

Adult Day Care

Adult Day Care is a new, much needed service. It meets a critical need of working families for care of an impaired elderly parent during the work week. It provides respite for a full-time family caregiver. It is growing because the need is there, but there is no specific source of federal funding available. This limits the access of lower and middle income families to an additional social support which may avert the need for medical care or entrance into a nursing home. Adult Day Care should be added to Section 321(a)(5), the list of services which can be supported under Title III, Part B, "Supportive Services and Senior Centers."

Also, Section 307(b)(13) should be amended to make it clear that older persons and handicapped or disabled individuals who have not attained 60 years of age, but who attend adult day care centers, are eligible for participation in the congregate meals program at the day care site.

Program Standards

The National Council on the Aging, Inc. has recently developed, through our National Institute on Adult Day Care, the first, and only, national standards for management of this important new service. We previously developed, through our National Institute of Senior Centers, national standards for the management of senior centers. The delivery of needed services is critically important. But, it is equally important that the services be of high quality, and effectively managed. We recommend that the Committee Report direct AoA to provide leadership to the states toward the adoption of national program standards, and to fund through Title IV the development of new standards and improvement of existing standards.

Continuum of Services

Section 306(a)(1) states that each area plan shall "provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance or construction of multipurpose senior centers ... ."

Section 306(a)(2) then lists three categories of services, Access, In-home, and Legal assistance, and requires that the plan specify the amount expended for each such category during the previous fiscal year. The only category of services not listed is Community services. NCOA recommends that (a)(2) be made consistent with (a)(1) by changing the listing of legal assistance from (C) to (D) and inserting Community services as (C).

This will make clear that the Congress is also concerned about the need for the delivery of preventive and supportive services in community settings, such as multipurpose senior centers and adult day care centers, as well as in the home.

TITLE V

Administrative Costs

The principal issue in Title V is the singling out of this program for a severe cut in allowable administrative costs. The administrative allowance for operating JTPA programs is a maximum of 15 percent. The maximum administrative allowance for operating Title V Senior Community Service Employment programs was reduced by statute from 15 percent to 13-1/2 percent for the current year, a 10 percent reduction. The statute requires a further reduction to 12 percent for the program year which begins next July 1. These reductions could have negative effects on the quality of program operations. NCOA recommends restoration of the administrative allowance to 15 percent. This and related issues will be addressed by Mr. Simmons in a statement representing the views of all of the Title V national contractors.

AUTHORIZATIONS

We believe that the committee should recognize the growing numbers of older persons, and particularly the increases in the number of old-old persons in setting the authorizations for each Title for the next three years. Even in this Gramm-Rudman-Hollings period we must recognize the need for program growth to deal with increasing needs.

Thank you, Mr. Chairman. I will be glad to answer any questions.

Senator GRASSLEY. I will start out with you, Mr. Reilly. I remember that your organization in 1983 made an extensive critique of an administration proposal to withdraw existing regulations, and then of course, the 1984 amendments incorporated some of those regulations. Now, with the 1984 act, and as we are considering reauthorization, do you still have the same view that many of those other regulations ought to be written in the statute?

Mr. REILLY. Yes, we do, Mr. Chairman. As a matter of fact, when we present a fuller statement subsequently, we will have several of those former regulations that we will recommend for inclusion in the statute, and we will be recommending also that a study be conducted independently, using title IV funds, to evaluate the impact of the doing away with a number of the previous regulations.

Senator GRASSLEY. So then, you would have a specific list of those regulations that you think should be made statutory?

Mr. REILLY. Yes. And we will submit them to the committee.

Senator GRASSLEY. And then for Russ and Don, I would like to refer to the fact that there has been some criticism of the final regulations adopted in 1985 with respect to the advocacy provisions. Have the changes in the regs with respect to advocacy proven to be mischievous from your point of view? And let me also ask if that is true, then, what would you say we ought to do about it?

Mr. REILLY. What we have heard, which is mostly anecdotal, is that the regulations as stated have had a somewhat chilling effect on advocacy at the local level. This is because the regulations leave unanswered questions about what is legally permissible. We have not come to final language on this yet, but what we will probably submit is a suggestion to in effect override that regulation with statutory language. The amendment would encourage advocacy by service provider agencies as well as State and area agencies. We beleve that this was intended from the beginning of the statute, and has been periodically reinforced by committee reports.

Senator GRASSLEY. Russ.

Mr. PROFFITT. I would echo those comments. I believe there has been a chilling effect. Any time regulations come out and hint, even, that you may be out of compliance if you are advocating immediately raises the problem, what is advocacy. And then, you need a battery of Philadelphia lawyers to begin to define those terms.

There is always the danger for any advocate of being the messenger who is shot, not because he is the messenger, but because he is delivering the message. And this, I think, is especially true in the realm of the political environment, whether it be at the Federal, State or local level. And we feel that to remove that chilling effect that those regs implied or created, that the language should be strengthened as to the advocacy role and purpose of the Federal, State, and local agencies.

Senator GRASSLEY. The next question I have of all three of you, but it refers to Mr. Proffitt's testimony in which he made reference to the fact that the time may be here to consider increased cost-sharing by participants for services when possible. For as long as I can remember, this whole issue of means tests has been a very controversial issue within both the network and within the social services community.

Would there be a way to increase cost-sharing without bringing in the features of the means test, and if so, how would it be done?

Mr. PROFFITT. I believe it is possible. As a matter of fact, I think the nutrition program is a good example of that in that the nutrition program does make provision for a suggested contribution.

I believe that it is possible to go even beyond that and to have a suggested sliding contribution, not on the basis of a means test, but just as the current contribution method is used; a simple sliding scale would be introduced, and would be used not only for the meals program, but for all Older Americans Act programs—but that it would be a contribution, a suggested contribution, and not a means-tested program.

Senator GRASSLEY. Thank you.

Ms. Ferguson.

Ms. FERGUSON. I concur that that is a way we can approach increasing contributions. Let me hasten to say, though, that if we truly are serving those people in the greatest economic need, there will reach a point when people cannot give more. And I would hope that whatever language is in the act would not create a sense of guilt in those people who cannot give.

Senator GRASSLEY. I am sorry. I missed your last sentence.

Ms. FERGUSON. I hope that any changes that are made will not tend to create a sense of guilt among older persons who attend if they are unable to meet whatever the sliding scale fees turned out to be.

Senator GRASSLEY. But there is not implicit in your comment justification for means test?

Ms. FERGUSON. No indeed.

Senator GRASSLEY. Mr. Reilly.

Mr. REILLY. We would certainly be opposed in the future, as we have been in the past, to any means-testing of Older Americans Act programs. However, I think the suggested contribution approach that has been used in the meals program is a feasible one, and it is adaptable to a suggested sliding scale, as Russ suggested,.

Our fear, is that the zeal of some of the program administrators for achieving more cost-sharing can begin to introduce an element of compulsion.We had some concerns along that line a couple of years ago when the Administration on Aging developed posters and other materials to give out to State and area agencies and meal providers to promote coantributions. We thought that the nature of that stimulation of contributions was going too far toward exerting pressure. It is something which can be handled right, but I would hope that the committee would be very careful to specify that the main focus is on delivery of services and not on introducing additional revenue sources.

Senator GRASSLEY. I have two more questions, and then I have got lots more to submit, because we will have to move on.

I would like to go now to the subject of the Long-Term Care Ombudsman Program. There has been a lot of talk about strengthening that program. Do you think there should be a separate title in the act to authorize the program?

Mr. PROFFITT. We are proposing that; yes. As I pointed out in my statement, there are approximately 6 percent of the senior citizens in America living in institutional care, and the act should address those people through the Ombudsman Program, but not at the expense of title III-B. It is a growing concern that the Ombudsman Program needs to be strengthened, it has to be strengthened. And since it is dealing with a program, especially Medicaid, which is funded both by Federal and State governments, I believe there should be a sharing in that funding.

Senator **Grassley**. Do you agree?

Ms. **Ferguson**. We have not taken a position on a separate section in the act, but that certainly would provide visibility, and that would be our concern, that there be strengthening, perhaps a separate section is the best way.

Senator **Grassley**. Mr. Reilly.

Mr. **Reilly**. We would support that, Senator. This is a very distinctive and unique service within the Older Americans Act, and we think that it should not compete for funds with title III-B.

Senator **Grassley**. Now, you get eventually to the point of where the Ombudsman should be placed in State government. So I would like to have your reaction to whether or not it ought to be outside the State units on aging, and if so, where?

Ms. **Ferguson**. Our position is that it should be in the State unit on aging.

Senator **Grassley**. Mr. Proffitt.

Mr. **Proffitt**. We believe it should be within the unit, too.

Senator **Grassley**. Mr. Reilly.

Mr. **Reilly**. We do not have a firm position on that. I think that it is certainly feasibly placed within the State unit on aging. Conceivably, it could also be attached to an attorney general's office. It could also be contracted to a non-profit agency outside of State government. There probably are other feasible options on it. I think the key thing in any case is its insulation in any location from political control and industry influence.

Senator **Grassley**. I would like to ask Ms. Ferguson and Mr. Proffitt about the de-designation issue. And last year, there was considerable concern about that. We did give, in the 1984 amendments, the unit of general-purpose local government the right of first refusal when an area agency on aging had to be de-designated. And of course, some thought we were opening up the possibility of wholesale de-designation of AAA's.

Is this still of concern in the network, and if so, how much of a concern, and do you have any suggestions for what ought to be done about it?

Ms. **Ferguson**. We do not feel that it is a major concern. If you will look over the last few years, you will find that there has not been a wholesale de-designation. We feel it has worked adequately.

Senator **Grassley**. Mr. Proffitt.

Mr. **Proffitt**. We are not as concerned as we were, especially in Iowa, because we were very concerned with that possibility and worked hard with the State government to put into Iowa law, the designation of the existing area agencies, with the proviso that they could be de-designated for cause.

We are not concerned so much about de-designation. Our major concern is just de-designation for political reasons or for any other reasons other than for cause.

I would agree that it is not a burning issue, I do not believe, nationally, but again, I think it does have a potential chilling effect, and I relate it directly to advocacy. If area agencies become too much of an advocate at the State level—and sometimes they have to be an advocate in relationship both to the Federal AOA or to the State unit on aging—there is always that possibility of concern.

So I would think that the language could be improved on de-designation and right of first refusal, if it dealt with cause, or de-designation for cause.

Senator **Grassley**. OK. Those are all the oral questions I have. I do have several questions I want to submit to you in writing, and I would appreciate it if we could get those answers back in about 2 weeks.

Thank you all very much.

I will call our final panel of witnesses, which includes Samuel J. Simmons, president of the National Caucus and Center on the Black Aged, and John M. Cornman, executive director of the Gerontological Society. I have always said that before I am going to ever have that organization up here again, they have got to change their name so I can pronounce it more easily.

[Laughter.].

Mr. **Cornman**. Just call us "GSA."

Senator **Grassley**. As you know, there are eight national organizations which participate in the management of the title V programs, and they have very graciously agreed to be represented by Mr. Simmons today and to make a common statement in the interest of saving time.

We have invited each of the organizations to provide a short written statement for the hearing record, since I am not sure that they may have some comments on title V which cannot be accommodated in that joint statement. Representatives of most of those organizations are present so they will be able to provide any elaboration that we might need in response to particular questions. And if each of the title V representatives would like to come to the table and sit up here simultaneous with the people who are going to speak, I would invite you to do that.

The Forest Service is not participating in the joint statement, as I understand it. As a Federal agency, they are under certain constraints in developing official positions which the other organizations are not constrained by.

I just want to say for the record and the benefit of those present that we value the contribution of the Forest Service to this program very highly.

Mr. Cornman is also representing several organizations, and I would like to thank you, Mr. Cornman, and each of them for agreeing to this format. They are also invited to submit a short written statement for the record if they want to do that.

I would start with you, Mr. Simmons.

STATEMENTS OF SAMUEL J. SIMMONS, PRESIDENT, NATIONAL CAUCUS AND CENTER ON THE BLACK AGED; AND JOHN M. CORNMAN, TITLE IV REPRESENTATIVE, EXECUTIVE DIRECTOR, GERONTOLOGICAL SOCIETY OF AMERICA

Mr. SIMMONS. Thank you very much, Senator Grassley.

It is indeed a privilege for me to be here today to speak in behalf of the national contractors on title V.

The title V program is truly a "win-win" program. Older workers with low incomes who need employment opportunities get them, and these workers in turn provide much-needed community services in every State in the nation. Moreover, a substantial number of former senior community service employment participants are now engaged in unsubsidized employment. And I think the fact that the program has grown from 12,400 people in 1974 to 61,000 at the present time is really an indication of the kind of bipartisan support that this program has. All of us national contractors believe the program should be continued and expanded.

It is important at this point to sort out the more significant issues which we believe should receive careful consideration as the time approaches for the next reauthorization.

The changes we ask could be regarded as fine-tuning because the Senior Community Service Employment Program has worked extraordinarily well throughout its history. The administrative costs have been low, and therefore we could serve more participants. It has been devoid of fraud and abuse, and it has been a very effective program. And it has been considered by many outside experts as the most effective employment program that Congress has ever enacted.

There are four points that we want to make in terms of changes in the program. Number one, in terms of the length of the reauthorization, all of the national contractors feel that the program should be for a minimum of 3 years. This would give individuals who are involved in the program an opportunity to know that they are involved in something that is ongoing. It would give those of us who administer the program the opportunity to effectively plan. And equally important, there are a good many host agencies out there that are dependent upon this program, and it would give them the amount of time that they would really need to effectively plan.

All of us want to see the program grow, because we are fully convinced that Government data shows that the need is there. We, however, recognize the fact that this program should be tempered with the financial realities of the day. The current legislation authorizes $335 million for 1985, $351.4 million for 1986, and $368.3 million for 1987. In other words, it has been growing at the rate of approximately $16 million a year, and we would certainly hope that that same rate of growth would be possible in terms of the reauthorization.

In terms of the average cost per enrollee, the average enrollee cost has been $5,111 for 5 years. There has been no adjustment to offset higher unemployment compensation costs, higher Social Security, higher liability, higher training costs, higher rents, et cetera.

The House Appropriations Committee recognized this problem, and because of that, they called upon the Department of Labor to make a study and report by February 1987 on this. We would certainly hope, Senator, that your committee will study the report of the Labor Department when it comes to you, and we think that the data that will be forthcoming will show that there is a need for an adjustment.

In terms of the administrative cost limits, for many years the program had a 15-percent limit. And as an earlier speaker said, this is the prevailing cost limit for other programs.

However, as you are aware, Congress in 1984 set a limit of 13.5 for the year we are now in, and 12-percent effective July 1, 1987. These declining costs come in the face of increased costs for unsubsidized placements. On the one hand, we are being asked to place more and more people in unsubsidized employment, with a smaller administrative pool.

If this continues in this direction, there are a number of things we are certain would happen in terms of the program having to be cut back.

I see that the light is on, Senator.

Senator GRASSLEY. Well, take a minute or two to summarize. I do not want to cut you off right in the middle, but we are going to have a vote coming up here pretty soon on the floor.

Mr. SIMMONS. Well, in terms of this cutback, it could lead to less than a fair share in the allocation of the title V funds in the various sections of the country, and I think a good many individuals or firms, because of the fact that they do not have the economies of scale, would actually have to pull out of a good many isolated rural areas where they are at the present time, and that would be tragic.

All of us title V contractors look forward to the opportunity of working with you and the committee and the Labor Department in making this program effective. We are quite proud of the fact that by working together, this is one of the greatest success stories in the Federal Government today.

Thank you.

Senator GRASSLEY. Thank you.

[The prepared statement of Mr. Simmons follows:]

STATEMENT OF THE NATIONAL SPONSORS
OF
THE SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

BEFORE

SENATE COMMITTEE ON LABOR ANDHUMAN RESOURCES

SUBCOMMITTEE ON AGING

August 12, 1986

On Behalf Of:

American Association of Retired Persons
Asociacion Nacional Pro Personas Mayores
Green Thumb
National Caucus and Center on Black Aged
National Council on Aging
National Council of Senior Citizens
National Urban League

Senator Grassley, Members of the Subcommittee on Aging:

I am Samuel J. Simmons, president and chief executive officer of the National Caucus and Center on Black Aged, Inc. I represent and am authorized to speak for all the national sponsors of the Senior Community Service Employment Program operated under Title V of the Older Americans Act. Most of the sponsors are represented here today. All of us thank you for the opportunity to be here in behalf of thousands of older workers whose spirits, chances to serve their communities, and incomes are enhanced by the Senior Community Service Employment Program.

The Title V Program is truly a "win-win" situation. Older workers with low incomes who need employment opportunities get them, and those workers, in turn, provide much-needed community services in every state in the nation. Moreover, a substantial number of former Senior Community Service Employment Program participants are now engaged in unsubsidized employment in the private sector - employment which they otherwise would not have been able to obtain had it not been for their training and experience in Title V. The growth from 12,400 participants in 1974 to more than 61,000 funded positions this year is testimony to the strong bipartisan support the program has both enjoyed and deserved over the years. On behalf of the thousands of older workers who will participate in Title V employment, training, and community service opportunities this year, we express our deepest appreciation. Certainly the national sponsors believe Title V should be continued and expanded.

We are now in the second year of the current three-year authorization, and we commend the Subcommittee for its early consideration of reauthorization. We take this as evidence of your concern for a program which is so vital to so many older workers. It is important at this point to sort out the more significant issues which we believe should receive careful consideration as the time approaches for the next reauthorization. For this reason, this brief statement will focus on only a few issues. At the same time, we stress most strongly our belief that there is much that is as it should be in Title V. We want it to continue because the need is so great.

The changes we ask you to consider could be regarded as fine tuning, because the SCSEP has worked extraordinarily well throughout its history - a history, I might add, which, under various legislations is now ending its second decade. The value and worth of SCSEP have been amply demonstrated over the years. Administrative costs are low, and, as a result, the actual number of participants served always has exceeded minimum funded levels. Fraud and abuse have never darkened the program, and you have our word that we intend to keep it that way. The Title V program is considered by many as the most effective employment program that Congress has ever devised. Independent evaluations have resulted in the highest marks. In the words of Dr. Solomon G. Jacobson, then a vice president of Morgan Management Systems, reporting to the House Committee on Aging in 1983 on his company's evaluation of the program: "The Senior Community Service Employment Program is the most effective program I have ever evaluated, and in my opinion should be retained and strengthened."

As you consider legislation reauthorizing this fine program, the national sponsors stress these four points:

1. The length of the reauthorization.
2. Authorization levels.
3. Average cost per enrollee.
4. Administrative cost limits.

Length of Reauthorization: All national sponsors urge that the reauthorization period be a minimum of three years. This will take us to 1990, the eve of the last decade of the century which has seen such a marked increase in the number of older citizens in our entire population. This period will reassure current participants - our first concern - that their training and work experience objectives can be achieved. It also will allow those of us responsible for administration ample time to plan for more than one year at a time. And, equally important, the many community-based organizations which depend upon Title V workers to provide services to their communities will know - in the face of declining resources from other directions - what they can reasonably count on from us.

Authorization Levels: Of course, we want to see the program grow because we are fully convinced and government data show that the need is there. There are nearly 9 million persons whose ages are over 55 years and whose incomes are below the 125 percent of poverty eligibility level. Yet, today Title V programs serve less than one percent of those who are eligible. We accept the fact that the growth must be tempered by the fiscal responsibilities with which the nation is faced and with which this Congress wrestles daily. But as you consider the future size of SCSEP, consider also the millions of older Americans whose needs are pressing today, whose incomes are limited or non-existent today, --yet, whose talents and skills are available to their communities today if only the opportunities to work and gain new skills can be provided to them. The current legislation authorized $335 million for fiscal 1985, $351.4 million for 1986, and $368.3 million for 1987. We thought that was a good, sound - and needed - growth pattern. But, because of budget constraints, the entire program is operating this year with $312 million. We think that the growth rate of some $16 million a year still is a fiscally responsible course - but, sadly, still less than the amount for which there is clear demonstrable need.

Average Cost Per Enrollee: The average enrollee cost on which the Department of Labor bases its allocations has been $5,111 for five years. There has been no adjustment to offset higher unemployment insurance costs, higher workers compensation costs, higher social security costs, higher liability insurance costs, higher training costs, higher rents, higher telephone and other utility costs, higher minimum wages in some states - and so on. The House Appropriations Committee recognized this issue in its recent report on the Fiscal Year 1987 Labor, Health and Human Services, and Education Appropriations Act. The Committee called for the Department of Labor to study the per enrollee cost figure and report by February of 1987. Title V projects - and especially the participants in the projects - encounter the same rising costs that each of us encounters in everyday life. We urge this Committee to study the report of the Department of Labor when it comes to you February. We believe you will conclude that there should be an adjustment.

Administrative Cost Limits: For many years, the limit on administrative costs in Title V operations was 15 percent, set by Department of Labor regulations. We thought that was a reasonable limit, and all of us worked within it. In

1984, Congress set 13.5 percent as the administrative limit for the year in which we now operate, and set 12 percent as the limit which will become effective July 1, 1987. These declining limits come in the face of an increased goal for unsubsidized placements - an increased goal which we support and are meeting. The risk of fewer unsubsidized placements is there if administrative costs do not support the job-finding and job-development activities necessary to meet the higher goal. Fewer unsubsidized placements will mean that more enrollees stay in the program and fewer eligible applicants now on waiting lists have the chance to participate. Reduced administrative limits also make it inevitable that some sponsors will be forced - indeed, some are already being forced - to reorganize and consolidate some operations in an effort to reduce costs, and this could result in the loss of some Title V job opportunities in some areas. These changes, mandated by the new limits on administrative costs, could work against the substantial progress which has been made and continues to be made to achieve an equitable geographic distribution of the enrollment opportunities in Title V. This, in turn, could lead to less than a fair share of opportunities in some rural areas. The lowered limits work a particular hardship on the smaller national sponsors among us who do not have the opportunity to achieve economies of scale which some others of us may be able to attain. In addition, all of us now are being required to pay for our own independent audits, yet another unavoidable increase in administrative costs. You also may recall that the decision to reduce administrative cost limits was made without any consideration for or anticipation of the program-wide reduction which came later.

Conclusion: Mr. Chairman, Members of the Subcommittee: These are the major points the national sponsors of the Senior Community Service Employment Program ask you to consider.

Again, we join you in looking forward to the continuation of one of the soundest, most economical, most needed programs that Congress has ever created.

And, again, on behalf of the thousands of economically disadvantaged older workers who have the opportunity to participate in the Senior Community Service Employment Program, we thank you for what you have done.

We will be pleased to respond to questions.

Senator GRASSLEY. Mr. Cornman.

Mr. CORNMAN. Thank you.

Let me begin by commenting briefly on the significant changes Congress made in title IV in the 1984 reauthorization of the Older Americans Act, changes which greatly improved the title's organization and potential impact.

Congress added a purpose statement which specified the four areas addressed by the title: education and training of personnel to work with and on behalf of older individuals; research and development of effective practices in the field of aging; demonstration projects directly related to the field of aging, and most importantly, I think, dissemination of information on aging and the aging process.

The 1984 authorization also added statements of purposes and goals for part A, education and training, and for part B, research, demonstration and other activities.

These changes made it possible to design and evaluate an overall program in which the various activities authorized by the title are related to each other.

It is the general if informal consensus of the organizations for whom I speak today that the title as amended in 1984 provides a well-organized and coordinated framework for the activities it authorizes.

At this point in the discussion, we do not anticipate recommending any major restructuring of title IV, but rather only some fine-tuning changes to help clarify the intent of Congress and to strengthen the Act.

To help determine what fine-tuning changes might be needed, it will be important for the committee to review: what activities AOA has actually undertaken in each of the parts under title IV; what progress has been made in meeting the objectives set forth in the purpose statements; the gaps that remain, and the strategies AOA will pursue to attain unmet objectives.

The organizations also join together in recommending that The Older Americans Act be reauthorized for at least 3 years. This would provide the minimum amount of time needed by the Administration on Aging to properly plan and implement its activities and for Congress to evaluate AOA's progress in meeting the objectives set forth in the title's purpose statements.

A third issue or concern is the dwindling financial support for title IV and the attempts in the last few years by the executive branch in essence to eliminate funding for all title IV programs. Fortunately, Congress to date has not gone along with those efforts, and we hope they will not in the future.

The declining support for title IV appropriations is somewhat puzzling in light of the facts that: One, title IV is the principal source of Federal support for research and demonstration projects to determine the need for and to test nonmedical service delivery programs for the elderly; two, title IV is the principal source of Federal support for the education of service delivery trainers and practitioners in aging; three, and that in the years that Federal appropriations for title IV have fallen from a high of $54.3 million to a low of $22.2 million, the elderly population has been growing steadily with a corresponding increase in need for flexible housing arrangements, in-home services, health maintenance programs, et cetera.

It is clear that the answers on how to provide the needed facilities and services within the available resources will be found only through: (1) Research to determine the needs among the elderly and developing models for responding to those needs; (2) demonstration projects to test new concepts and models; (3) dissemination of new knowledge gained from these research and demonstration projects, and (4) through creation of a well-trained cadre of service deliverers.

Given that there is a growing need for these activities, we urge that the funding levels for title IV of The Older Americans Act be increased at least over the current authorized levels to keep up with inflation.

Thank you very much.

[The prepared statement of Mr. Cornman, responses, and additional statements referred to by him follow:]

STATEMENT

OF

JOHN M. CORNMAN, EXECUTIVE DIRECTOR

THE GERONTOLOGICAL SOCIETY OF AMERICA

PRESENTED TO

SUBCOMMITTEE ON AGING

COMMITTEE ON LABOR AND HUMAN RESOURCES

U.S. SENATE

ADDRESSING THE

1987 REAUTHORIZATION OF THE OLDER AMERICANS ACT, TITLE IV

AUGUST 12, 1986

Mr. Chairman, The Gerontological Society of America welcomes the opportunity to present to you today the views of a number of the national aging organizations on reauthorization of the Older Americans Act, and specifically Title IV. Today's hearing provides an important opportunity to begin discussing the 1987 reauthorization, and we look forward to working with the subcommittee throughout the process in seeking to strengthen and improve the Older Americans Act. Our comments will be general at this stage since formal positions have not yet been developed by the various organizations.

Let me begin by congratulating you and other members of Congress for your excellent work on the 1984 reauthorization of the Older Americans Act. Major and significant changes were made at that time to Title IV which have greatly improved its organization and potential impact. Prior to that, Title IV was the only title in the Act without a purpose statement, resulting in a poorly organized title, with little logical flow to the collection of sections and parts which had been added over the years. The new purpose statement now specifies the four areas addressed by the title: education and training of personnel to work with and on behalf of older individuals; research and development of effective practices in the field of aging; demonstration projects directly related to the field of aging; and dissemination of information on aging and the aging process.

The 1984 reauthorization added not only a much-needed statement of purpose to the title, but purposes and goals for Part A, Education and Training, and for Part B, Research, Demonstrations, and Other Activities, as well. These statements give further definition to the title's more general overall statement. For example, under the Education and Training part, the types of activities delineated range from attracting qualified personnel into the field, to identifying both short- and long-range manpower needs in the field, to establishing and supporting multidisciplinary centers of gerontology. Activities under the Research and Development Projects section include the establishment and maintence of a demographic data base, identifying the future needs of older individuals and programs that would be required to meet those needs, and identifying the kinds and number of personnel to carry out the programs. A focus area of the demonstration section is the needs of Alzheimers' disease victims and their families.

These changes now make it possible to design and evaluate an overall program in which the various activities authorized by the title are related to each other. Another important addition made in 1984 was a requirement that all grants and contracts include provisions for appropriate dissemination of their results. Better dissemination will help insure that audiences which ought to benefit from the results of Title IV activities, including Congress, in fact do.

It is the general if informal consensus of the organizations for whom I speak today, that Title IV of the Older Americans Act, as amended in 1984, provides a well-organized and coordinated framework for Title IV activities. At this early point in the discussions, we do not anticipate recommending major restructing of Title IV, but rather some "fine tuning" changes to help clarify the intent of Congress and strengthen the Act.

To help determine what "fine tuning" changes might be needed, it will be important to review

- what activities AoA has undertaken in each of the parts under Title IV;

- what progress has been made in meeting the objectives set forth in the purpose statements;
- the gaps that remain; and
- the strategies AoA will pursue to attain unmet objectives.

We hope the subcommittee will include these among the questions asked of the Administration on Aging at later hearings. This information will be invaluable in determining what "adjustments" to the title may be needed.

The organizations also join together in recommendating that the Older Americans Act be reauthorized for at least three years. This would provide the minimum amount of time needed by the Administration on Aging to properly plan and implement its activities and for Congress to evaluate AoA's progress in meeting the objectives set forth in the title's purpose statements.

A third issue we wish to make mention of today is the dwindling financial support for Title IV and the attempts in the last few years by the executive branch, in essence, to eliminate funding for all Title IV programs. Fortunately, Congress to date has managed to thwart those efforts and to provide sufficient funds to maintain a useful if significantly diminished level of activity. The declining support for Title IV appropriations is somewhat puzzling in light of the facts that

- Title IV is the principal source of federal support for research and demonstration projects to determine the need for and to test non-medical service delivery programs for the elderly;
- Title IV is the principal source of federal support for the education of service delivery trainers and practitioners in aging;
- In the years that federal appropriations for Title IV have fallen

from a high of $54.3 million to a low of $22.2 million, the elderly population has been growing steadily with a corresponding increase in need for flexible housing arrangements, in-home services, health maintenance programs whicch can help extend independence and delay costly institutionalization.

The limits on private and public resources to provide needed services have never been more clear. It also has become just as clear that the answers of how to provide the needed facilities and services within the available resources will be found through (1) research to determine trends and needs among the elderly and developing models for responding to those needs; (2) demonstration projects testing new concepts and models; (3) dissemination of new knowledge; and (4) through creation of a well-trained cadre of service deliverers.

Given that there is clearly not a diminished but rather a growing need for research, demonstrations, and education and training that support the activities within the other titles of the Act, funding levels should at a **minimum** be increased over current service levels to cover inflation.

In closing, we wish to commend you for soliciting input from the aging organizations so early in the process. While our comments today have been very general, we hope they have been helpful in providing you with a sense of our current thinking. We anticipate working with the subcommittee more closely as we move to develop and formalize our positions on the reauthorization.

With your permission, I would like to submit for the record additional statements from the American Association of Retired Persons, the Association for Gerontology in Higher Education, and from the National Farmers Union addressing the 1987 reauthorization of the Older Americans Act, Title IV. The National Council of the Aging, Inc., will be submitting their statement to you at a later date.

Other Organizations Represented by this Testimony

1. American Association of Retired Persons
2. Asociacion Nacional Pro Personas Mayores
3. Association for Gerontology in Higher Education
4. National Association of Area Agencies on Aging
5. National Caucus and Center on Black Aged, Inc.
6. National Council on the Aging, Inc.
7. National Farmers Union.

QUESTIONS FROM SENATOR CHARLES E. GRASSLEY TO MR. JOHN CORNMAN REGARDING THE OLDER AMERICANS ACT

Question: As I understand it, the Administration on Aging has not continued the funding for most of the long term care gerontology centers. Was this a mistake in your opinion?

Answer: The rapidly growing number of elderly needing some type of long-term care, expected to increase from 6.6 million in 1985 to 12.9 million in 2020, will present a major challenge to society, particularly the service delivery network. The long-term care gerontology centers were created to help meet this challenge. Congress, recognizing the important need addressed by these centers, specifically called for funding the long-term gerontology centers in its appropriations reports of the past few years. Discontinuing such funding, therefore, would violate that instruction.

It also is important to note that these centers, as far as I am aware, constitute the Administration on Aging's only continuing program linking academic institutions (the generators of knowledge) with the aging network (the planners and deliverers of services). Linking research with the planning and delivery of services is one of AoA's major roles, as established in the Older Americans Act. The Gerontological Society has long advocated and fostered through its own activities these types of linkages, in particular through its highly successful Fellowship Program in Applied Gerontology.

It has been pointed out that when these long-term care gerontology centers were created six years ago, AoA did not intend to provide permanent funding. However, it was quickly recognized that the nature of these centers made it difficult, if not impossible, to secure adequate funds from other sources. It is AoA, and AoA alone, that has a mandate to ensure that the aging service delivery network is provided with the proper technical assistance to plan and operate its services effectively and efficiently. The fact that the centers serve regions incorporating several states further inhibits the ability of the centers to develop other funding bases.

I do not know whether the Administration on Aging is abandoning or merely refocusing this program. The concern of The Gerontological Society is that the knowledge and expertise developed and the relationships forged by the centers are not lost. A program to provide technical assistance to the national service delivery network requires a continuity which only can be provided by ongoing federal support.

Question: On the subject of data on older people and the systems which serve them, are you familiar with the NASUA and N4A data base, and, if so, has that been of use to you or members of your association? Are there ways it could be improved in your opinion?

Answer: The Society is well aware of the NASUA/N4A data base and publicized the service in its monthly newsletter. Representatives from the research community also were involved in the early planning stages.

The data base was initially established by the Administration on Aging to serve the network of state units and area agencies on aging. It has accomplished this goal very well. However, the data base contains a rich source of local, regional, state. and national data unavailable elsewhere that, heretofore, has been underutilized by the research community. Better use of this data by researchers would mean more information to help guide service planning and delivery.

Increasing utilization of this data might be accomplished in several ways. First, information on the types of data being collected and how the data can be accessed needs to be more widely disseminated. Second, presentations on the data base could be given by the staffs of NASUA/N4A at meetings of national, regional, and state organizations of potential users. And finally, the various users or potential users of the data should be involved in the ongoing development and evaluation of the data base. Consideration might also be given to expanding the types and sources of information being collected.

Association for Gerontology in Higher Education
600 Maryland Avenue, S.W. • West Wing 204 • Washington, D.C. 20024
(202) 484-7505

August 12, 1986

Senator Charles E. Grassley, Chair
Subcommittee on Aging
Labor and Human Resources Committee
U.S. Senate
Washington, DC 20510

Dear Senator Grassley:

I am pleased to submit this letter to your Subcommittee on Aging, and I ask that it be entered into the record of this hearing on the 1987 reauthorization of the Older Americans Act. We appreciate the oral testimony by Mr. Jack Cornman who is speaking on issues relating to Title IV on behalf of a number of aging organizations.

This Association does not at this time have a formal position on the reauthorization of the Older Americans Act. We will be developing and approving a position statement this fall and will be pleased to work with this subcommittee throughout the reauthorization process in seeking to strengthen and improve the Older Americans Act.

There are several issues that we anticipate being incorporated into our Association's position statement on the Older Americans Act reauthorization. This letter is intended as a means of alerting your subcommittee to substantive concerns which, from our perspective, may be appropriate to address in a future hearing. These issues are as follows:

(1) At least a three-year reauthorization. All Older Americans Act programs should be extended for at least three years, through 1990, with the possibility of a longer extension.

(2) Simple reauthorization, with minor adjustments. We do not anticipate recommending major changes to the Act, but do believe that there are "fine-tuning" or "corrective" changes which would clarify the intent of Congress and strengthen the Act.

(3) Increased authorization levels. Funding for all titles of the OAA, including Title IV, should be increased to meet the growing demand for services and programs authorized under this Act and the increasing cost of implementing these programs.

(4) Increase the authority of the Commissioner on Aging by having the Commissioner report directly to the Secretary of HHS rather than to the Office of the Secretary. The subordinate

position of the Commissioner within OHDS has historically decreased the effectiveness of the Commissioner in serving as a strong advocate for the Older Americans Act programs and in having control over and accountability for AoA's directions and priorities.

(5) Oppose the Administration's proposed consolidation of Title IV programs. In the 1981 reauthorization of the OAA, the statutory language for Title IV was significantly edited and consolidated, and the rationale for that consolidation was the same as provided for the 1987 proposal. Because of the negative impact on Title IV programs which resulted from the 1981 revisions, Congress de-consolidated Title IV in the 1984 reauthorization, restoring clarity and precision to the language, spelling out the purposes of specific Title IV programs and indicating which historically successful programs should be continued. This attempt by the Administration to revert to the 1981 language should be opposed.

(6) Separate program announcements for availability of funds and request for applications. Prior to 1981 there was a separate program announcement for the Administration on Aging which clearly stated the priorities of AoA and the aging program categories to be funded for that particular year. The OHDS coordinated discretionary funds program announcement initiated in 1981 has resulted in a diluting of the OAA discretionary programs, in a reduction of the Commissioner's role in establishing priorities for AoA's discretionary programs, in a decreased accountability for the Title IV programs by the Commissioner, and in less clarity as to the Administration's goals and priorities for aging programs. A return to a separate program announcement would allow for continued coordination with other OHDS agencies and yet would strengthen the OAA discretionary programs.

While the above issues are possible areas to address through changes in the statutory language, there are several other concerns which might be addressed by report language and/or questions to the Commissioner on Aging:

(1) The Administration has attempted to drastically reduce Congressional appropriations for Title IV every year since 1981. By consistently seeking to eliminate discretionary programs and reduce their effectiveness by requests for large funding reductions, the agency has not been an advocate for its own programs.

(2) The awarding of OHDS discretionary grants has not followed the peer reviewer recommendations in a significantly large number of cases. An investigation by Congressman Ted

Weiss in the spring of 1986 determined that last year 38% of the Title IV awards were made contrary to the recommendations of peer reviewers. While there are legitimate considerations besides peer reviewer recommendations to take into account in making awards, the record of OHDS in disregarding the judgments of peer reviewers in almost 40% of the awards has not been justified.

(3) Almost no research grants are currently funded within the Title IV discretionary program. The 1981 consolidation of the Title IV programs combined research with demonstrations into one section called "Research, Demonstrations, and Other Activities." Since that date, almost all Title IV-B awards have been demonstration, not research, grants. Since AoA's Title IV discretionary program is the only source of federal support for *applied* aging research aimed at providing a basis for a comprehensive aging service and policy agenda, it is crucial that *research* grants be funded on a continual basis.

(4) The Administration on Aging is in an on-going state of reorganization and retrenchment, with a constant transfer and elimination of staff. This has resulted in an agency that is staffed by personnel who are *not* career civil servants in the field of aging, with no sense of history or long-term commitment to the programs they administer. The impact of this management technique on the quality of the Older Americans Act programs has been very negative.

Thank you for this opportunity to share our concerns with this subcommittee. We look forward to working with you and your staff in the months ahead.

Sincerely yours,

Elizabeth B. Douglass

Elizabeth B. Douglass
Executive Director

NATIONAL
FARMERS
UNION

August 6, 1986

Mr. Jack Cornman
Executive Director
Gerontological Society of America
1411 K Street, N.W., Suite 300
Washington, D.C. 20025

Dear Jack:

We understand that you will present testimony on Title IV of the Older Americans Act, which authorizes training, research and demonstration programs, at the hearing to be held August 12 by the Subcommittee on Aging of the Senator Labor and Human Resources Committee.

The farm families who make up National Farmers Union membership have a continuing interest in all aspects of the Older Americans Act, and our organization has been active in support of this legislation since its enactment in 1965.

The series of conferences sponsored by Green Thumb before the 1981 White House Conference on Aging reiterated the concerns of rural senior citizens regarding the delivery of needed services to people in the areas of scattered population. We recognize that such services are dependent first on transportation and second on the necessary funding and the flexibility of delivery modes. Supportive services and health care programs designed for urban areas often do not fit the needs of isolated seniors. Programs such as home-delivered meals, library services, employment opportunities, supplemental support through food stamps, SSI, etc., often are difficult or nonexistent for this group of people.

I hope that Congress, in considering reauthorization of the Older Americans Act, will direct special attention to research and demonstrations to improve the delivery of services and opportunities to rural older Americans and to encourage the distribution of such information to the widest possible professional and non-professional leadership in those communities.

We also believe there needs to be special recognition of the importance of employment opportunities for older retired people, both to supplement often limited retirement incomes and to continue to remain in the mainstream of the community and contribute to its well-being through use of a lifetime of skills and experience. We hope research will focus on ways to expand employment and involvement of senior citizens; combat age, sex, and race discrimination in employment opportunities; and expand our

600 Maryland Avenue, S.W. • Suite 202 • Washington, D.C. 20024 • Phone (202) 554-1600

economy to absorb this important segment of our potential workforce.

Authorization levels need to be established for Title IV at levels which will assure the opportunity to continue to expand training and research for this rapidly growing segment of our population and the communities which have a responsibility for serving them.

Again, thank you for taking the leadership in presenting testimony in this area. We look forward to working with you.

Sincerely,

Ruth Kobell

Ruth E. Kobell
Legislative Assistant

Senator **Grassley**. Thank you. I appreciate very much your summary and the fact that you stayed within the time limit, both of you. It gives me time hopefully before the vote comes to ask a few of the questions that I want to ask, but I will not be able to ask them all.

I think my questioning probably goes to each one of you separately, but just in case one or the other wants to comment, please feel free to do so.

I will start out with you, Mr. Simmons. I think it is clear that most of the title V program managers were able to reduce their overhead costs to that 13½ percent requirement in the 1984 amendments. So I need to ask you how did you accomplish this, and really what I am after is whether there were effects on enrollees, and if so, what those effects might have been.

Now, I know you addressed this in your statement to some extent, but I would like to have elaboration along the lines of my question.

Mr. **Simmons**. Well, as one of the smaller national contractors, we were able to get back to the 13.5 percent. It was done with a great deal of difficulty. I do not know with the increasing costs—when I took a look at the increase in our liability insurance and our workers' compensation insurance, if it can be replicated next year. And I definitely know that there is no way in the world that without some consolidation, that it would be possible for us to get back to 12 percent.

Senator **Grassley**. I did write a letter to the Department of Labor, which they have not done anything more than acknowledge at this point, asking for their analysis of accomplishing those goals, particularly the impact it would have upon enrollees, and of course, not limited to their comments, but we would like to at least have their input on that and analyze that from the standpoint of the evidence you presented for your eight organizations.

Again Mr. Simmons, would your organization and the other organizations, if you can speak for them on this issue, advocate an increase in the per-enrollee cost, even if there were no new moneys for the program?

Mr. **Simmons**. Yes. We think in terms of the cost, it is justified in terms of some increase; it would not have to be that substantial, but we feel that the cost is justified.

Senator **Grassley**. Mr. Simmons, the Department of Labor is authorized, as I know you know, to waive the application for the new overhead requirements. As I understand it, there are not at this time any developed criteria for the evaluation of waiver requests. In your opinion, should the Department develop such criteria, or would you feel more comfortable if the granting of a waiver were left completely at the discretion of the Department?

Mr. **Simmons**. I would think that they definitely should come up with some guidelines that would be developed in conjunction with contractors.

Senator **Grassley**. OK. Mr. Cornman, before I ask you the question, as I recall, this is your second appearance before our committee this year, and in regard to that earlier appearance, I would like to say that I hope you would be pleased to know that the Labor-HHS Appropriations Subcommittee, at the request of Senator Cochran and myself, has asked the Department to provide funds for the two Statistical Centers on Aging that were to be run by the Census Bureau. This is one of those issues that you discussed before the hearing that we had on Statistical Policy on Aging Society. And of course, this action has not been endorsed by the full Appropriations Committee, but I guess I have every reason to believe that it will be.

Mr. CORNMAN. If we can help in any way, let us know. That is good news.

Senator GRASSLEY. My first question again refers to the reauthorization of the act in 1984. At that time, there seemed to be quite a bit of concern in the gerontological community about the consolidated discretionary grant program run by the Office of Human Development Services, and into which the Older Americans Act Title IV Program had been placed.

Now, I am not one to raise dead issues, but I could not help but notice that you did not mention it. Does that mean that there is no longer any concern?

Mr. CORNMAN. It probably means there is not a unanimous concern. I think there are some organizations that are still concerned about it. They feel that it should be a separate program for aging, but not everyone feels that way. You will be getting some letters on that issue, I think.

Senator GRASSLEY. I understand that the society took the initiative recently to produce a paper on intergenerational relations. This is a subject which other witnesses today have addressed. What is prompting the interest in the subject, and should we focus more attention on it through title IV?

Mr. CORNMAN. I think that the interest in the subject is being prompted by some misunderstandings about the way programs work. I think it is being prompted by some people who oppose certain kinds of aging programs for other reasons and would use this argument of intergenerational inequity to attack the credibility of those programs.

I think it is also being raised, though, because I think the more we learn about the aging process both from biological, medical, health, and policy points of view, we learn that it is really what we do as a society and as an individual over our life course that really reflects the quality of life as an older person—do not smoke; save money for pensions earlier et cetera. From a societal point of view, we, the Gerontological Society, have become concerned that we need to pay a lot more attention to the needs of children, particularly the 25 percent of our children living in poverty, not only for humane reasons, but because they are going to be the workers and producers of the future.

So I think the issue comes out of all those kinds of concerns, and a growing realization that we have a common stake in all the programs across the life course.

And yes, I think that title IV—and I would like to get back to you with some specifics on it, because I have not thought about it—but I think under title IV, there could be some kinds of activities or focuses on intergenerational issues which I think would be useful.

Senator GRASSLEY. OK. Now, those are the only oral questions I have, so I will do nothing more than simply thank you for your participation.

Before I close the meeting, though, to anybody in the audience as well as people not here, I guess I will just repeat what I said originally. This is early for the deadline for reauthorization, but it is not early considering the fact that there will be little legislative activity between now and the middle of February on this issue; and deadlines under the Budget Act for reauthorization bills to be out of committee. So I would really encourage people for their ideas, or even just points of discussion that they want to raise, to keep those issues warm with me and my staff over the next several months.

[Additional material supplied for the record follows:]

STATEMENT OF U. S. SENATOR SPARK MATSUNAGA AT A HEARING ON REAUTHORIZATION OF THE OLDER AMERICANS ACT

Subcommittee on Aging

Senate Committee on Labor and Human Resources

Tuesday, August 12, 1986

Thank you, Mr. Chairman. I join you in the hope that these early hearings will help us identify issues which deserve special attention when Congress considers reauthorization of the Older Americans Act next year. Since I was a member of the House Select Committee on Aging, upon its inception, I have long had a great interest in the Older Americans Act and a great committment to its promise of a dignified old age for all Americans.

I certainly believe that health care is going to be a major issue in our deliberations next year. The fastest growing segment of our population is the 80 and over segment, and Americans aged 80 and over are the ones most likely to be in need of care for both chronic and acute illness. The changes in Medicare mean that many such individuals will be released from hospital stays "quicker and sicker," and it will be necessary to take a good look at services available to them.

I am also interested in looking at the question of access to services. It is my understanding that minority group members--blacks, Hispanics, and Asian/Pacific Americans--are still underserved and that their participation in Older Americans Act programs may even be declining. To some extent, this may be caused by continued language and cultural barriers--problems which were evident ten years ago--but I am concerned about reports that service to these communities are being cut back for budgetary reasons. Since the elderly members of these minority communities are among the most needy in the nation, I hope that some of our witnesses today will address this question of access to services for minority group members.

A second group of senior citizens which may be effectively denied access to Older Americans Act programs is the homeless. Every winter we hear of elderly people freezing to death on the streets of our nation's cities and, very often, it turns out that they are eligible for social security, veterans benefits, or some other type of federal assistance. What is being done by the Administration on Aging and the Area Agencies on Aging to reach these individuals and to make them aware of the services which are available to them? What is the status of our nation's supply of housing for the elderly?

In closing, Mr. Chairman, I would like to say that the Older Americans Act is probably one of the most successful measures enacted during my tenure in Congress. I have had a number of opportunities to visit senior citizen centers and to share in the congregate meals programs run by some of these centers in Hawaii, and I believe that we have come a long way in the last 20 years toward reducing hunger, malnutrition, and isolation among the elderly. We should certainly try to maintain these efforts while seeking to improve the Act.

Thank you very much.

AARP

August 14, 1986

The Honorable Charles E. Grassley
Chairman
Senate Subcommittee on Aging
United States Senate
404 Senate Hart Office Building
Washington, D.C. 20510

Dear Mr. Chairman:

The American Association of Retired Persons (AARP) thanks you on behalf of its 23 million members for this opportunity to comment in support of Title IV of the Older Americans Act. In agreement with other members of the Title IV Coalition, AARP feels that Title IV works well and should be reauthorized with little more than fine tuning. This reauthorization should include increased appropriations, reflecting a renewed commitment to the objectives of the Act.

Title IV of the Act was conceived to expand national understanding and knowledge of the broad concerns regarding aging and how to best address them. It seeks to accomplish this by the effective combination of (a) research activities focused on development of better service provision models; (b) programs, training grants, and contracts for degree and nondegree education of the personnel of state and area agencies on aging; (c) demonstration projects that produce innovative service delivery techniques that could serve as models for others in the field of aging; and (d) dissemination of information about conditions, effects, and concerns related to aging.

AARP has established several programs supported in part by Title IV. One of these is a consumer housing information service programs for seniors (CHISPS). CHISPS is now training volunteers in four pilot states to provide impartial information services to older persons regarding public and private housing options in local, state, and federal programs, and possible adaptions of personal residences. A pilot free legal services hotline in Pennsylvania resolves the full range of legal problems by giving advice and referrals over the phone, enabling them to handle 2 to 3 times the average caseload of the standard legal services intake process. Not only does this provide a service that helps alleviate the client's anxiety, it affords a valuable log of the problem, advice, and/or referral. Financial protective service is a program using volunteer representative payees to assist individuals who are not capable of managing their own affairs.

American Association of Retired Persons 1909 K Street, N.W., Washington, D.C. 20049 (202) 872-4700

John T. Denning *President* Cyril F. Brickfield *Executive Director*

The Honorable Charles E. Grassley
August 14, 1986
Page Two

There are other legal assistance projects sponsored by Title IV under AARP's National Assistance Support System. None of these projects would have been possible without Title IV.

There are several important issues that AARP anticipates will be raised during the 1987 reauthorization of Title IV. These include, consolidation of Title IV sections into one pool of research, training, and demonstration monies; quality of the Administration on Aging proposal review process and the reviewers; and increased emphasis on the advocacy mandate of the Act. It is critically important that the Act maintain a broad approach to examining, improving and expanding services while educating and training coordinators, planners, and providers about those service needs. In our view, there can be no substitute for an objective, concise, and fiscally accountable proposal review process that gives adequate attention to the training, service provision, demonstration, and advocacy emphases of the Act while minimizing vulnerability to abuse.

In conclusion, AARP feels that Title IV is a vital force in support of critically needed services for the aging population. It can also be a fiscal watchdog for the effective expenditure for monies supporting mandates of the Act. The successes of Title IV projects alone make a good argument for its reauthorization and the need for increased funding.

Once again, Mr. Chairman, thank you for the opportunity to speak in support of this important program.

Sincerely,

Cyril F. Brickfield

Cyril F. Brickfield
Executive Director

STATEMENT BY

AMERICAN ASSOCIATION OF RETIRED PERSONS

BEFORE THE

SUBCOMMITTEE ON AGING
SENATE COMMITTEE ON LABOR AND HUMAN RESOURCES

ON
ISSUES RELATING TO THE REAUTHORIZATION OF THE OLDER AMERICANS ACT

AUGUST 12, 1986

Senator Grassley and Members of the Subcommittee on Aging, the American Association of Retired Persons appreciates the opportunity to submit a statement on the reauthorization of the Older Americans Act. Our remarks will focus on the Title V Senior Community Service Employment Program.

At the outset, we wish to commend the Subcommittee for taking this early action. In a little more than a year, the authority for most Older Americans Act programs will expire. Given that the time available for legislative action is always substantially shorter, it is critical at this juncture to sort out these issues that must receive careful consideration during the reauthorization process.

Before doing this, though, we wish to express our appreciation for the strong bipartisan support that Title V has received throughout its existence. One measure of that solid backing is the nearly fivefold growth in the SCSEP enrollment, from 12,400 in fiscal year 1974 to 61,000 during fiscal year 1986. We can assure you that the Title V enrollees who now participate in the program--as well as those former workers who have used their experience to move on to gainful employment in the private sector--are deeply appreciative. Title V has made it possible for many low-income older Americans to help themselves while helping others in their communities at the same time. In short, the SCSEP is a "win-win" proposition for elderly enrollees, the communities they serve, and our nation.

AARP basically supports five fundamental principles for the reauthorization of the SCSEP.

Fine Tuning Changes

First, we favor an extension with only fine tuning changes, because Title V has worked extraordinarily well throughout its history. Title V has been independently evaluated on a number of occasions, and has always received high marks. Its administrative costs are low. This enables more low-income older Americans to participate. The program has operated efficiently and smoothly. In fact, Title V is considered by many to be the most effective employment program ever enacted.

One example is a statement by Solomon G. Jacobson, a former vice president of Morgan Management Systems, Inc. Mr. Jacobson evaluated the SCSEP and gave this glowing assessment to the House Committee on Aging in 1983, when he testified: "The Senior Community Service Employment Program is the most effective program I have ever evaluated, and in my opinion should be retained and strengthened."

Length of Extension

Second, we urge that the SCSEP and other Older Americans Act programs be extended for at least three years. This will make clear to current enrollees that Title V employment is not just a temporary program which may vanish. It will also show that Congress intends to continue this successful program while working to perfect it at the same time. A three-year extension will enable Title V administrators to engage in more effective long-range planning. And, it will provide reassurance to local communities that they can count on the SCSEP to continue to provide essential services. This becomes all the more important now because of the Gramm-Rudman-Hollings balanced budget amendment.

Authorization Levels

Third, authorization levels should be raised in a fiscally responsible manner to enable the program to function effectively and efficiently. Currently, there are nearly 8.9 million persons 55 or older with incomes below 125 percent of the poverty line, including more than 5.6 million who are poor. The SCSEP is able to reach only a relatively small proportion of these individuals--about 1 percent of all older Americans who are potentially eligible.

Moreover, the loss of a spouse or other economic setback could plunge many individuals with incomes hovering above the Title V qualifying guidelines into poverty or near poverty. The net impact is that there are millions of low-income older Americans who are ready, willing, and able to work in their communities if only the opportunity were available.

Administrative Cap

Fourth, AARP and other national sponsors unanimously support a 15-percent administrative cap for Title V. This is the same limit that exists for practically all employment and training programs. The 1984 Older Americans Act Amendments lowered the administrative ceiling in two stages, from 15 to 13.5 percent in fiscal year 1986 and then to 12 percent in fiscal year 1987.

At the outset, we want to emphasize as strongly as possible that our opposition to the new cap is not because national sponsors want more administrative money. One hallmark of the SCSEP is that administrative costs are low. Title V sponsors want this practice to continue because it enables more older Americans to participate in the SCSEP.

About 61,000 positions are currently authorized for Title V for the 1986-87 program year. However, we expect close to 100,000 older Americans to participate in the SCSEP at one time or another because (1) many enrollees are transitioned into unsubsidized jobs in the private sector, and (2) administrative costs have been maintained at a rock bottom level.

Our opposition to the 12-percent statutory cap is because it would negatively affect the operation of the program to the detriment of older Americans and the communities they serve.

First, it will inevitably cause some Title V enrollees to lose their jobs because sponsors will be forced to close sites and consolidate projects to reduce their administrative costs.

Second, this new arrangement can seriously undermine the goals of equitable distribution of Title V positions within a state as mandated by law. Unfortunately, this may have an unintended effect of causing the program to become more urban oriented, although large pockets of poverty exist in rural areas.

Third, the 12-percent cap will discourage Title V sponsors from allocating more resources to job development efforts to place Title V enrollees in private sector jobs. This will cause a reduction in unsubsidized placements, which, in turn, will reduce the number of persons served by the program.

Fourth the lower cap can work a hardship for smaller sponsors who do not have the economies of scale that larger sponsors do.

Average Per Enrollee Cost

Finally, the average per enrollee cost for allocating Title V funds has remained at $5,111 for five years. We believe that it should be adjusted to reflect increased operating expenditures, such as rent, telephone, unemployment insurance, worker's compensation, rising state minimum wages, higher Social Security payroll taxes for administrative personnel, and others.

Moreover, Title V program administrators have been given new responsibilities by the Department of Labor--most notably in the areas of equitable distribution of enrollees and higher goals for unsubsidized placements. These objectives have added to the

SCSEP administrative costs.

In addition, Title V sponsors have a new cost. They must now pay for audit charges.

The House Appropriations Committee has already recognized this issue. In its recent report accompanying the Fiscal Year 1987 Labor-Health and Human Services-Education Appropriations Act, the Committee called upon the Department of Labor to conduct a study concerning this issue and to submit a report by February 15, 1987. We urge the Subcommittee to examine this issue and to adjust the authorization levels to take account of the higher operating costs for Title V.

Conclusion

In conclusion, we wish to commehd the Subcommittee again for focusing attention at this early date on the reauthorization of the Older Americans Act. AARP stands ready, willing and able to work with the Subcommittee before, during and after the reauthorization process. We thank you again for the opportunity to present our views. We shall be glad to respond to any questions that Members of the Subcommittee may have.

TESTIMONY OF

THE AMERICAN PSYCHOLOGICAL ASSOCIATION

Offered by Leonard D. Goodstein, Ph.D.
Executive Officer

before the

UNITED STATES SENATE

COMMITTEE ON LABOR AND HUMAN RESOURCES
SUBCOMMITTEE ON AGING

on the subject of

THE REAUTHORIZATION OF THE OLDER AMERICANS ACT

August, 1986

The Honorable Charles E. Grassley, Chair

The American Psychological Association, on behalf of our 87,000 members, is pleased to present this statement for the record of the Subcommittee's hearing on "The Reauthorization of the Older Americans Act." We welcome this opportunity to comment on the mental health care needs of older Americans.

Our primary concern is the need for a coordinated approach to the delivery of mental health services to older persons living in the community. As the Subcommittee develops its agenda for next year's amendments to the Older Americans Act, we urge that the mental health needs of older persons become a priority issue. We believe the Act can, and should, serve as a legislative foundation for programs designed to reach many of the nation's elderly in need of information about, and access to, mental health and other services.

Mental Health Needs of Older Persons: Background

While most older persons are healthy, psychologically well-integrated individuals, many of the aged could benefit from mental health services. The need for geriatric mental health services to meet the particular needs and problems of the aged have been well documented. The President's Commission on Mental Health (1978), for example, found that 15% to 25% of the nation's older population -- 3.9 to 6.5 million individuals -- have significant mental health problems.

We are aware, for instance, that dysphoria and major depressive disorder are significant problems among some elderly; that the elderly have a high rate of suicide -- with men over the age of 75 having the highest rate of suicide of all age groups; that many long-term chronic mentally ill persons are now living into old age -- with some joining the ranks of the homeless or being "lost" in nursing homes; and that alcohol abuse, poly drug use, and misuse of prescription drugs are all serious problems among the aged.

Underservice of Older Persons With Mental Health Disorders

Research and clinical experience has demonstrated that older persons do respond well to appropriate psychiatric, psychological, behavioral, and social services. But, unfortunately, at least 80 percent of those aged in need of mental health services do not receive them. This is true for both our public and private mental health systems.

Under the current federally initiated service system, community mental health centers (CMHCs) are the designated community agencies providing mental health services to older adults, as well as to younger populations. Yet, CMHCs are meeting the needs of only a few of the elderly. The Action Committee to Implement the Mental Health Recommendations of the 1981 White House Conference on Aging conducted nationwide surveys and site visits, in 1983 and 1985, to determine the quality of services being delivered to older persons by CMHCs. Their report, Mental Health Services for the Elderly, documents that although the aged comprise 12 percent of our national population, they comprise an average of only 6 percent of the CMHC clinical population, and that many centers serve almost no elderly. The Action Committee report further documents a deteriorating trend in the number of services for the elderly, a decrease in the number of staff trained to deliver geriatric services, and a decline in outreach programs.

This is a serious situation for the elderly. At a time when there are more older persons in need of services, the level of care available is declining. This situation needs to be reversed. The APA is greatly concerned about the lack of adquate mental health services for our nation's older adults.

Factors Contributing to Underservice

The pattern of underservice of older persons persists as a result of a combination of factors: reimbursement structures under federal health programs; a reduction of federal mental health funding under the Alcohol, Drug Abuse and Mental Health Services block grant; the continued fear and stigma that still haunts our conception of "mental illness"; and the fragmented, disorganized systems of mental health, health, and social service programs for the elderly.

Fragmented Service Systems

Although most of the factors contributing to the underservice of the aged are beyond the scope of the Older Americans Act, one of the issues that can be addressed by the Act is the fragmentation of services to older persons. As the Subcommittee is no doubt aware, there are currently two distinct service systems, community mental health centers and services financed by area agencies on aging, which can potentially serve the psychosocial needs of the older person. Unfortunately, these systems are currently structured as separate, independent systems. The community mental health centers serve only the mental health needs of the individual and the area agencies on aging serve only the social services needs of aged. A 1982 study by the U.S. General Accounting Office, The Elderly Remain in Need of Mental Health Services, found that "many of the services which the mentally at-risk elderly need are social supports, rather than, or in addition to, more traditional mental health interventions." In order to improve service delivery to older persons, the authors of the study called for increased cooperation among primary care, mental health, and social service providers. The Action Committee report supports the GAO findings, documenting that there is little routine interaction and almost no cooperation in service delivery between the two service systems. Such findings pose a major challenge to both the aging network and the mental health care system, and should be carefully studied by the Subcommittee in its deliberations on the Older Americans Act reauthorization.

Recommendations

The American Psychological Association believes that the Older Americans Act needs to be strengthened to provide older adults greater access to mental health and social support services.

We recommend that Title III of the Act be amended, and the current mental health provision strengthened, to authorize area agencies on aging to contract and make grants to serve the social need of mentally impaired elderly. Further, such an amendment should direct the area agencies on aging to develop working agreements with community mental health centers, and other public or private nonprofit organizations providing mental health services, to assure a coordinated approach in meeting the mental health and psychosocial needs of older persons. Rather than requiring area agencies on aging to fund such programs out of existing funds, we recommend that the Subcommittee consider a separate allocation for the operation of such programs.

The APA thanks the Subcommittee for the opportunity to express our views on the Older Americans Act. We will continue to support this Subcommittee's efforts to improve the care of this nation's older population. We would be pleased to work with Subcommittee staff in drafting an amendment to carry out these recommendations.

STATEMENT OF CURTIS D. COOK
EXECUTIVE DIRECTOR
NATIONAL INDIAN COUNCIL ON AGING

Mr. Chairman and distinguished members of the Senate Special Committee on Aging, I am honored to have this opportunity to present testimony before this committee. I am Curtis Cook, Executive Director for the National Indian Council on Aging. On behalf of the National Indian Council on Aging and our constituency of more than 109,000 Indian and Alaskan Native elderly, I wish to express our genuine gratitute to you, Senator Nickles, and to the others who have been responsible for arranging these hearings; -- for the poignant truth about the plight of our nation's Indian elderly must be brought to the attention of those who can compassionately respond and bring about changes for the better.

I have been asked to speak on the issue of the availability of services to Indian elders under the Older Americans Act. As you know, the Act contains language which targets services to "those who are in the greatest economic and social need." Indian and Alaskan Native elderly clearly fall within every targeting category contained in the Act; and yet, as I shall demonstrate, the majority of them are effectively excluded from services due to the inadequate funding levels and other factors which mitigate against their having their needs met.

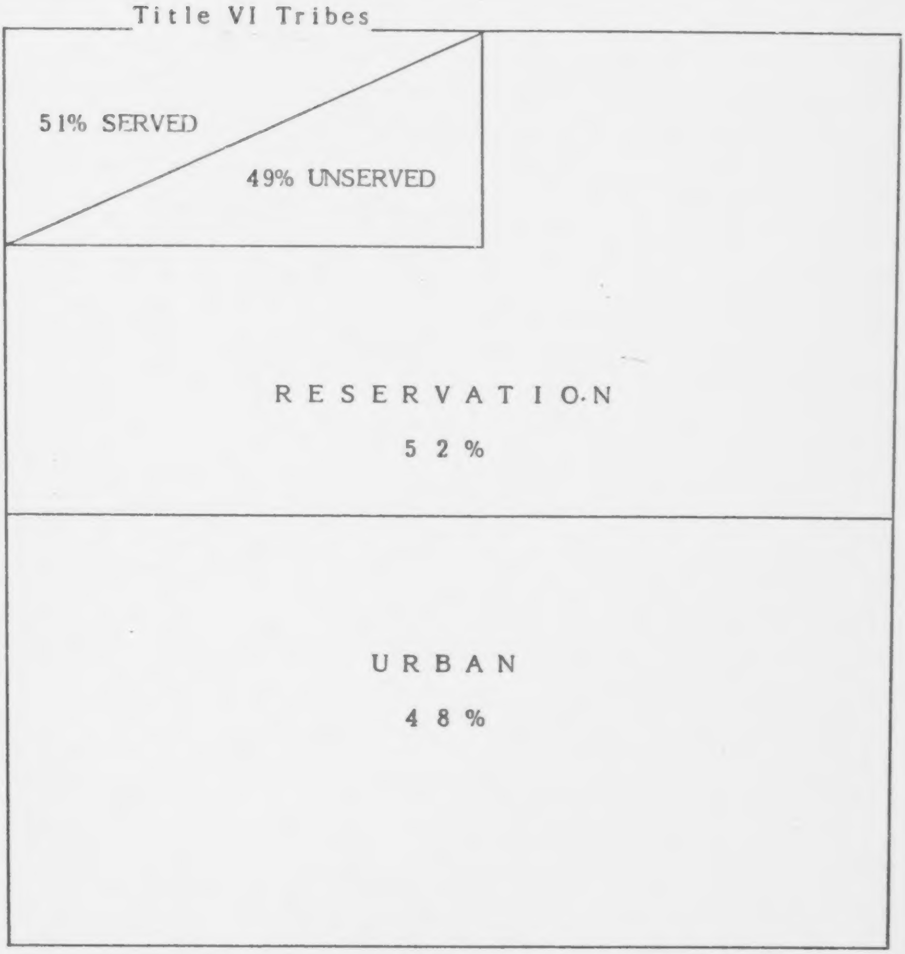
It is unthinkable that, in the midst of a society which is the most affluent and enlightened in the world, there should persist such patterns of deprivation and helplessness as those found among this segment of its "respected" elders. Nevertheless, according to the 1980 census, 61% of the American Indian and Alaskan Native elders had incomes which were below the national poverty level. For the most part, they live in inadequate housing, in harsh climates, and in the constant jeopardy of deteriorating health and isolation. I sincerely hope that, in our discussion of statistics, programs and provisions of the law, no one here today will lose sight of the fact that we are talking about real people: Indian elders who are vulnerable, at risk, and in need; and yet who also have the same rights as any of the rest of us to the love and consideration of their fellow man, and who should be given the opportunity to live out their lives in dignity and security.

This testimony is derived from the results of a survey conducted over the past three months among Title VI grantees across the country. I appreciate very much their contribution in this effort. Some aspects of this testimony also are derived from professional studies conducted by the National Indian Council on Aging and from my own observations from over twenty (20) years of advocacy for Indian people.

Are services provided under the Older Americans Act truly available to the nation's Indian elderly? Perhaps, a more appropriate question would be: "Are the services provided under the Older Americans Act being made available at sufficient levels to meet their needs?" I propose to demonstrate the fact that services are not available to the greater majority of Indian elders, and that they are not truly available at adequate levels to those Indian elders who are now being served.

I will begin with this graphic representation of the numbers of tribes whose elders are, or are not, receiving Older Americans Act services: (see figure a.)

Indian elders Served/Unserved by Title VI


Title VI Tribes
51% SERVED
49% UNSERVED
RESERVATION
52%
URBAN
48%

(Figure a.)

There are 473 Federally-Recognized Tribes (52% of population).

125 of them have Title VI grants, 348 do not.

Title VI grantees serve an average of 51% of their elders, 49% unserved.

All remaining tribes (348) and the Urban elders (48%) must rely on other sources or not be served.

Let the entire figure (a.) represent the total population of Indian elders in the country (109,000). The 1980 census indicates that 52% of the Indian population lives on reservations, while the remaining 48% lives in urban areas. Among the 52% reservation population, there are 473 federally-recognized tribes. Just over one-fourth of these tribes (125) have Title VI grants. Among those tribes which have Title VI grants, the average unserved elderly population is 49%, or nearly one-half. Among some Title VI grantees surveyed, the unserved elders represented as high as 80% of the tribe's elderly population. Title VI being limited to reservation-based tribes only, the urban population (48%) as well as the remaining 350 or so tribes must depend on Title III, or not be served at all. Based on statistics provided by the Administration on Aging, we know that Indian elders represent less than 1% of the total population served by Title III, and there are only three Area Agencies on Aging in the entire country which serve primarily Indian participants.

While recent information from the Administration on Aging indicates that 24% of the Indian elderly population participates in Title III congregate meals, we would have to question the reliabilility of those figures based on the fact that there are only three Indian Area Agenices on Aging, other AAA's have no outreach effort to identify the Indian elderly within their planning and service areas, and throughout our surveys and hearings conducted around the country over the past six (6) years we have observed that most Indian elders have not even heard of Title III, much less receiving Title III services. It is our contention that the figures which the Administration on Aging has received, presumably coming from State and Area Agencies on Aging, are suspect, and that the claim that 24%, or 26,000 Indian elders, receive Title III congregate meals is erroneous.

Let me illustrate further the actual availability of services, based on the results of our most recent Title VI survey. The chart which follows represents the responses of 21 Title VI grantees out of the 125. The limited number of responses was due to the shortness of time available to us for gathering this data from the grantees; however, by way of telephone conversations with a number of the non-responding grantees, I have been able to confirm that this is a representative sampling, and that similar conditions exist among the other grantees who were unable to respond in writing.

TITLE VI FUNDING SURVEY 06/86

Tribe	$\frac{\text{Served}}{\text{Unsrv.}}$	% Un-served	Orig. $	FY 83	FY 84	FY 85	FY 86	Reduction '86	Reduction Over-all	Services Cut/Impact
Eastern Band of Cherokee Indians NORTH CAROLINA	$\frac{268}{300}$	53	72,500				62,500		from 5 yrs. ago -10,000	1 mealsite manager 1 outreach worker
Jemez Pueblo NEW MEXICO	$\frac{58}{82}$	59	'85 52,849			52,849	48,841 -4,000	-4,000	-4,000	mealsite too small travel cut no van operating $
Jicarilla-Apache NEW MEXICO	$\frac{72}{106}$	60	'81 65,000	65,925	65,660 -265	55,422 -10,238	44,344 -11,078	-11,078	-20,656	decreased admin. $ short on manpower travel, cut wages; extreme need only.
Kodiak Area Native Association ALASKA	$\frac{250}{10}$	4	'82 95,731	82,192 -13,539	70,426 -11,766	76,384	65,427	-10,957	-30,304	elim. 2 communities decrease serv. in 4 comm. Advisory Bd. meetings. travel in-service trng. staff hours, home help.
Lac Courte Oreilles WISCONSIN	$\frac{131}{18}$	14	'81 70,000	72,925	68,546 -4,379	64,460 -4,086	54,344 -10,116	-10,116	-15,656	limited support serv. reduced # of meals reduced staff hours no maintenance $
Laguna Pueblo NEW MEXICO	$\frac{218}{614}$	64	'81 70,000		100,000	-10	-10%	-10%		transportation meals meals on wheels

Tribe	Served Unsrv.	% Un-served	Orig. $	FY 83	FY 84	FY 85	FY 86	Reduction '86	Reduction Over-all	Services Cut/Impact
Mille Lacs Band of Chippewa OKLAHOMA	102 28	22	'81 70,000	72,925	68,546 -4,379	61,158 -7,388	44,344 -16,814	-16,814	-25,656	reduced hours of operation travel elders' anxiety
Mississippi Band of Choctaw Indians MISSISSIPPI	174 200	54	75,000	75,000	70,500 -4,500	75,000	60,146 -14,854	-14,854	-14,854	reduced participation cut referrals materials, can't replace old van
Northern Cheyenne MONTANA	124 12	10	'81 65,000	67,629	61,966 -5,663	61,966	54,344 -7,622	-7,622	-10,656	nutrition, veh. opera. administration transportation
Passamaquoddy MAINE	102		'81 65,000	65,975	63,000 -2,975	63,732	42,849 -20,883	-20,883	-22,151	Fewer served staff hours cut Dir. 24 hrs. Liaison 20 hrs.
Prairie Band of Potawatomi KANSAS	50 138	63	'81 65,000	65,925	61,966	55,903	44,344	-11,559	-20,656	# of meals transportation gas for van - 2 staff others 4 hrs/day
Red Cliff Band of Chippewa WISCONSIN	60 49	45	'81 65,000	69,163	64,963	56,458 -8,505	44,344 -12,114	-12,114	-20,656	5 to 4 meals/wk Dir. - 15 hrs. Cook - 30 hrs. Cnslr. - 10 hrs. Hm. 20 hrs. transporta 5 days-4-2

Tribe	Served/Unsrv.	% Un-served	Orig. $	FY 83	FY 84	FY 85	FY 86	Reduction '86	Reduction Over-all	Services Cut/Impact
San Felipe Pueblo NEW MEXICO	89/91	50	'85			52,849	48,841	-4,007	-4,007	no outreach no supportive serv.
San Juan Pueblo NEW MEXICO			'85			64,000	54,344	-9,656	-9,656	5 to 4 days/wk. transportation to recv. serv. 2 x /mo. salaries cut 2,000 staff on food stamps
Santa Clara Pueblo NEW MEXICO	150/87	37	'81 65,000	67,925	66,720 -1,205	65,422 -1,298	50,272 -15,150	-15,150	-14,728	no outreach worker limited transporta. will close 1 day/wk. cuts in food purchases staff working overtime
Santo Domingo NEW MEXICO	289/655	77	'81 70,000	70,000	66,666 -3,334	74,941	64,344 -10,597	-10,597	-5,656	transportation fewer meals less staff fewer serving days
Seminole Nation OKLAHOMA	100/434 240/353	81	'81 75,000	77,925	73,246	93,224	90,000	-3,224		transportation limit. lack of funds for adequate staff, food, kitchen equipment, Increasing service population. w/ have to move sight only 4 days a week facing lay-offs

Tribe	Served / Unsrv.	% Un-served	Orig. $	FY 83	FY 84	FY 85	FY 86	Reduction '86	Reduction Over-all	Services Cut/Impact
Stockbridge-Munsee Mohicans - WISC.	23/76	69	'82 81,729	72,925	77,045	66,384 -10,661	54,344 -12,040	-12,040	-27,385	no outreach no peer gatherings no repres. @ State Nat'l Conference legel serv. cut
Turtle Mountain NORTH DAKOTA	356/210	37				90,000	86,130	-3,780	-3,780	kitchen equipment unserved elders fewer participants administra. costs
Yakima Nation WASHINGTON	44/55	55	'81 65,000	65,925	61,966 -3,959	55,142 -6,824	44,344 -11,078	-11,078	-20,656	closed one site/staff salaries cut outreach worker cut out 1 day congregate 4 days home del.
Zuni Pueblo NEW MEXICO	123/477	80	'81 87,500	87,500	85,655 -1,845	96,384	79,286	-17,098	-8,214	two positions cut outreach cut I & R cut transp. limited (staff overall services cut

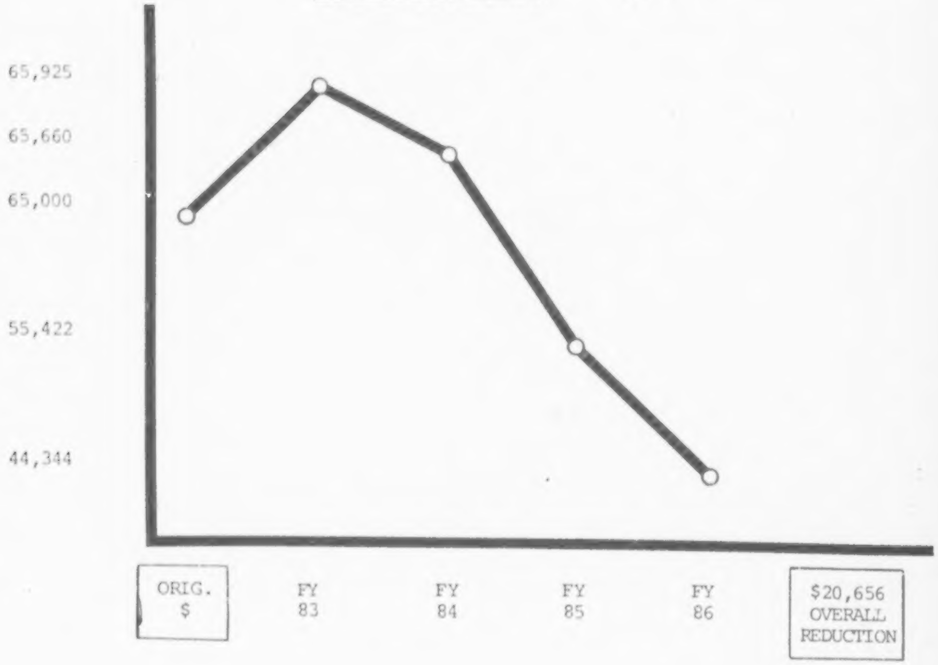
Further restricting the availability of services, the drastic funding cut-backs have debilitated some programs so that they are hardly able to operate; forget providing quality, comprehensive and adequate services. The chart figures indicate that the average funding cut-back in FY '86 alone was $12,997 for grantees who had Title VI programs prior to FY '85. At this point it is important that we underscore the fact that this $12,997 reduction was a direct result (at least in part) of the fact that the Administration on Aging added 42 new grantees in FY '86, seeking to spread a meager increase in overall Title VI funding now among 125 grantees instead of the existing 83. It is admirable to increase the number of grantees, and we here all favor doing so; but increases in the number of grantees should be accompanied by commensurate increases in funding so as not to penalize the existing grantees. While we have been told that the net impact per grantee for the previous 83 grantees would be an overall reduction of only $1,700, reports from the grantees themselves in this limited sample show that the reductions have been as high as $20,000. I call to your attention the examples from Jicarilla Apache, Mille Lacs Chippewa, and Passamaquoddy as cases in point; as you can see, there are other such instances of major cutbacks.

The impact of such reductions on the programs has been devastating. Staff has been drastically reduced (as in San Juan, Santo Domingo, Red Cliff Chippewa, Potawatomi and others too numerous to mention). Several grantees reported that funds for transportation had to be cut, hence fewer elders could receive home-delivered meals, or be transported to the meal sites. Food budgets had to be cut back, meaning that there would be fewer meals available, and fewer elders could be served -- the hard part of this is turning them away. Staff members, whose salaries are already low, experienced reductions in their hours or in their salaries -- sometimes as much as $2,000 each (eg., San Juan Pueblo). Some meal sites reduced their hours of operation, and others closed down altogether. There is little or no outreach to bring in additional elders in many places; this would be ludicrous, in view of the fact that the programs cannot even serve adequately the elders who now participate. The unfortunate and intolerable bottom line is this: that the already deprived and undernourished elders are being told "You'll just have to tighten your belt," or "Sorry, we can't serve you today -- or tomorrow -- or next week."

I am certain, Mr. Chairman, that you and the members of your committee will do all that is within your power out of a sense of compassion and responsibility to help us change the situation for the better. I am certain that you will communicate the impact of the funding cuts to the members of the Appropriations Committee to bring about improvements through the process of the reauthorization of the Older Americans Act in 1987.

There was a day when that which was old was cherished and venerated as being something of value: old things, old ways, and .... yes, old people. I'm afraid something has gone terribly wrong in our society, and we need to return to the old values -- we need to be taught once again to "respect our elders." Let us here today reaffirm our commitment to these who are a valued national resource. The time for making excuses or using tricky statistics to cover inadequacies is past. It is time to acknowledge honestly the deficiencies in both dollars and effort, reinstate the funds and services which have been cut back or cut out, and provide new levels of funding which will clearly indicate that we are indeed targeting services toward those who are in the greatest economic and social need. Along with substantial increases in the appropriations for Title VI (as much as $25 million), let us devise ways of eliminating the restrictions between Title III and VI which effectively prevent many Indian elders from receiving services. We can no longer accept excuses, evasive statistics or invisible advocacy. We need to begin now to take definitive action, and plan corrective strategies; for this, in truth, ... is a matter of life and death.

Thank you for your kind attention.

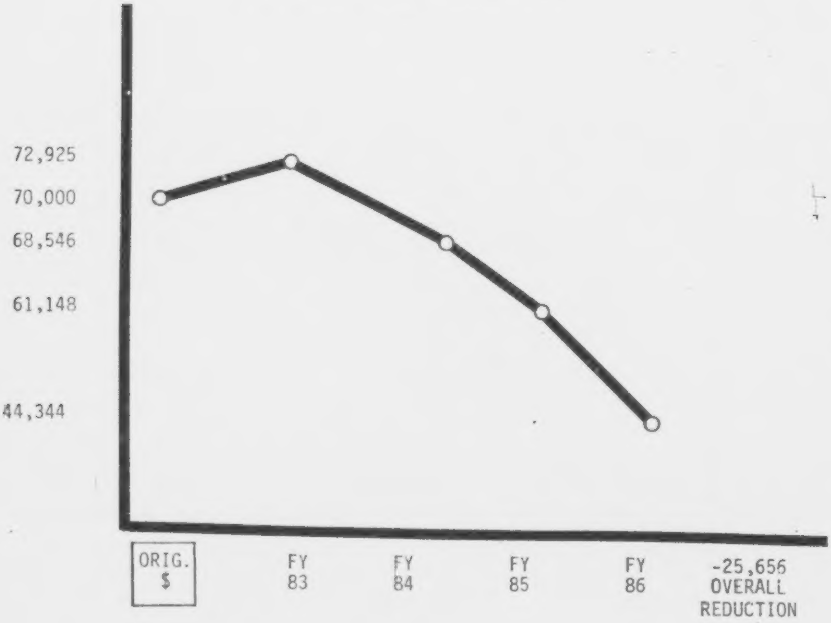


JICARILLA APACHE N.M. 6/86

SERVICES CUT

- Decreased administrative $
- Reduced manpower
- Reduced wages
- Travel for training cut out
- Serving only elders identified as being in extreme need
- 60% of elders unserved

MILLE LACS BAND OF CHIPPEWA, OK



SERVICES CUT

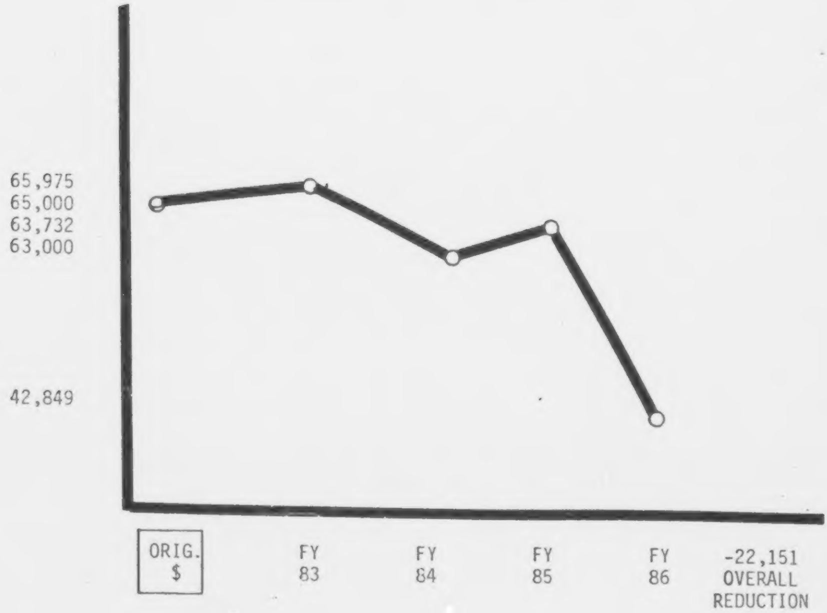
Hours of operation reduced

Travel cut

Anxiety expressed on the part of the elders

22% unserved

PASSAMAQUODDY, MAINE



SERVICES CUT

Fewer participants serviced

Staff hours cut

Senator GRASSLEY. With that invitation and also suggesting that this may be the last hearing of this subcommittee this year, I look forward to hearing from you in the meantime, and I close the hearing.

[Whereupon, at 12:09 p.m., the subcommittee was adjourned.]

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